

IN THE CIRCUIT COURT FOR DESOTO COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: ESTATE OF

FILE NO. \_\_\_\_\_  
DIVISION \_\_\_\_\_

Deceased.

**STATEMENT OF CLAIM BY \_\_\_\_\_**

The undersigned hereby presents for filing against the above estate this statement of claim and alleges:

1. The basis for the claim is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. The name and address of the claimant are \_\_\_\_\_  
\_\_\_\_\_  
and the name and address of the claimant's attorney, if any, are as set forth below.

3. The amount of the claim is \$ \_\_\_\_\_, which amount is now due, or, if not due, will become due on \_\_\_\_\_.

4. The claim (is) (is not) contingent or unliquidated. If contingent or unliquidated, the nature of the uncertainty is \_\_\_\_\_  
\_\_\_\_\_.

5. The claim (is) (is not) secured. If secured, the security consists of \_\_\_\_\_  
\_\_\_\_\_.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Attorney for Claimant  
Florida Bar No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_

\_\_\_\_\_  
Claimant

Copy mailed to attorney for the  
Personal Representative on

\_\_\_\_\_, \_\_\_\_\_  
CLERK OF THE CIRCUIT COURT

By: \_\_\_\_\_

**MUST BE FILED IN DUPLICATE**