

CLAIM AGAINST ESTATE OF

STATE OF TENNESSEE
COUNTY OF SUMNER

Deceased

Creditor

Docket No

Address

CITY STATE ZIP

Date	Items and Nature of Claim	Amount	Credits	Unpaid Balance

STATE OF TENNESSEE

I (or we) make oath that the above claim is a correct, and just and valid obligation of the Estate of _____, Deceased, that neither the undersigned, nor any other person in my or our behalf has received payment therefor, in whole or part, except as is credited above, and no security has been received therefor, except as above stated.

This _____ day of _____, 20_____.

Creditor's Signature

Filed in triplicate this _____ day of _____.

20_____.

Sworn to and subscribed before me this _____ day of

20_____.

DEPUTY CLERK

Sumner County Chancery Court
Clerk & Master's Office
155 E. Main Street, Room 3600
Gallatin, TN 37066 615-452-4282
www.sumnerchancerycourt.com

Notary Public
My commission expires _____