

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: ESTATE OF \_\_\_\_\_

FILE NO: \_\_\_\_\_

DECEASED

SECTION: \_\_\_\_\_

STATEMENT OF CLAIM

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 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 consist 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.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Attorney for Claimant*

\_\_\_\_\_  
*Claimant*

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

Copy mailed to attorney for  
Personal Representative,  
Personal Representative or  
Petitioner on

Florida Bar No. \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Address)

*Paula S. O'Neil*  
*Clerk & Comptroller*  
*Pasco County, Florida*

By: \_\_\_\_\_  
Deputy Clerk