

IN THE CIRCUIT COURT, FOURTEENTH JUDICIAL CIRCUIT  
OF THE STATE OF FLORIDA, IN AND FOR BAY COUNTY

IN RE: ESTATE OF

\_\_\_\_\_  
Deceased

PROBATE DIVISION

File Number \_\_\_\_\_

Division \_\_\_\_\_

STATEMENT OF CLAIM

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

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

\_\_\_\_\_

2. The name and address of the claimant are: \_\_\_\_\_

\_\_\_\_\_

3. The amount of the claim is \$ \_\_\_\_\_

which amount is now due and owing, 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.

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

\_\_\_\_\_  
Claimant

Copy mailed to attorney for the personal  
Representative on \_\_\_\_\_

CLERK OF THE CIRCUIT COURT

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

**MUST BE FILED IN DUPLICATE**