

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION**

CLAIM AGAINST THE DECEDENT'S ESTATE

The creditor named below certifies that there is owing by _____
deceased, Admin. No. _____, in accordance with the statement of account
attached hereto as a part hereof, the sum of _____ (\$_____),
together with interest at the rate of _____ from _____ until paid,
and that the aforesaid account is correct as stated and is unpaid * _____

On behalf of the creditor named below, I do solemnly declare and affirm under penalty
of law that the contents of the foregoing document are true and correct to the best of my
knowledge and belief.

Decedent died on _____ and was a resident of _____
(date of death)

Name of Creditor:

Signature of Creditor or person authorized to
make verification on behalf of creditor

Address:

INSTRUCTIONS

* In addition to completing all pertinent blank spaces on the form, the claimant shall
use these lines to state:

1. The due date if the claim is not yet due;
2. The nature of the contingency, if the claim is contingent;
3. The description of the security, if the claim is secured;
4. Nature of claim.

All claims presented to the Register of Wills must be accompanied by check or
money order in the amount of \$5.00, payable to the Register of Wills, D.C.

I hereby certify that I have delivered or
mailed, return receipt requested, a copy
hereof to _____
(personal representative or attorney) this
_____ day of _____, 200 ____.

FOR REGISTER OF WILLS USE ONLY
Date Filed: _____
Claim Docket Book: _____

By: _____
Deputy Register of Wills

Claimant

