IN THE CHANCERY COURT FOR ROBERTSON COUNTY, TENNESSEE
AT SPRINGFIELD

VERIFIED CLAIM AGAINST ESTATE
(T.C.A §30-2-307, et seq.)

ALL CLAIMS MUST BE FILED WITH THE CLERK WITHIN THE TIME SPECIFIED BY LAW. PER T.C.A §30-2-307(D) THE CLERK SHALL RETURN ALL CLAIMS FILED THAT ARE RECEIVED MORE THAN 12 MONTHS FROM DECEASED DATE OF DEATH.

$50.00 Filing Fee Required for each Claim **Fee Must be paid By Claimant**

(All claims must be filed with the Clerk of the Court in triplicate within four months from the date of notice to creditors. When any claim is due on an open account, an itemized statement of the account shall be filed; when evidenced by written instrument, such instrument, or a copy attested by the Clerk of the Court as a true copy of same, shall be filed; and when due by judgment or decree, a copy certified by the Clerk of the Court rendering same shall be filed. Every claim must be verified by the affidavit of the creditor.)

STATE OF TENNESSEE, COUNTY OF ROBERTSON

_____ CLAIM AGAINST ESTATE OF
Creditor

_____ _____
Address

_____ Case No: 74CH1-_____
City State Zip

Date	Items and Nature of Claim	Amount	Credits	Unpaid Balance
	TOTAL			

STATE OF TENNESSEE, ROBERTSON COUNTY
I (or we) make oath that the above claim is a correct, 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 thereof, in whole or in part, except as is credited above, and no security has been received thereof, except as above stated.

This the _____ day of _____, 20_____. _____
Creditor's Signature

Sworn to and subscribed before me this _____ day of
_____, 20_____.
Notary Public: _____
My Commission Expires: _____

Attorney for Creditor: _____
Address: _____
_____
_____