

State of Indiana
County of Adams

Cause Number: _____

ESTATE CLAIM

Name of Claimant _____

vs THE ESTATE OF

Name of Decedent _____

The Claimant states that the account against the above estate is correct; that no payments have been made except those credits given; that there are no set-offs against the same; that the balance shown in said account is: _____ and that same is due and owing to:

Name and address of claimant:

DATE	DESCRIPTION	AMOUNT

I affirm under the penalties for perjury that the foregoing representations are true.

Signature of Claimant

Dated

Mail or deliver an original and 3 copies of this claim form and all invoices or exhibits to:

Clerk of Adams Circuit Court
112 S 2nd Street A
Decatur, IN 46733

Certificate of Service

I hereby certify that an exact copy of this claim has been served to the personal representative and attorney of record.

Clerk of Adams Circuit Court

Dated