



In The Circuit Court
For The Seventh Judicial Circuit of Illinois
Sangamon County, Springfield, Illinois

ESTATE OF

Deceased



Case No. _____

ESTATE CLAIM - CONTRACT

1. Claimant, _____ of _____
(name) _____ (address)

_____, has a claim for \$ _____ against
the estate, which is just and unpaid after allowing all just credits, deductions and set-offs.

2. The nature of the claims (if the claim is based upon a written instrument aa copy must be attached:

DATE: _____
(month, day, year)

Signature of Claimant

AFFIDAVIT

_____ on oath states that the allegations in this claim are true.

Signed and sworn to before me _____, 20____.

Notary Public

Name: _____
Attorney for Claimant: _____
Address: _____
Telephone: _____

APPEARANCE - WAIVER OF SERVICE - CONSENT

I, _____ of the Estate of _____ deceased, hereby enter my appearance in the matter of the within claim, waive service of process and consent to the allowance of it the sum of \$ _____ as of the _____ Class.

Date: _____
Signature of Representative or his Attorney

PROOF OF SERVICE

The undersigned has this day delivered or mailed a true copy of this claim (by ordinary mail) (by registered mail, return receipt attached) together with a true copy of each written instrument upon which the claim is predicated to the legal representative of the estate and to his attorney of record.

Date: _____
Claimant

By: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

(SEAL)

Notary Public

ALLOWANCE OF CLAIM

The claim allowed by Court in the sum of \$ _____ as of _____ Class.

Date: _____
Judge

See Docket Entry