

# ESTATE CLAIM

FILE THIS FORM IN TRIPLICATE  
ATTACH ORIGINAL SUPPORTING CLAIM DOCUMENT ALONG WITH TWO (2) COPIES

Claim against the Estate of \_\_\_\_\_  
Name of Creditor \_\_\_\_\_  
Address of Creditor \_\_\_\_\_  
Date Claim Filed \_\_\_\_\_

ITEMS AND NATURE OF CLAIMS	AMOUNT OF CLAIM	CREDITS	UNPAID BALANCE
TOTAL AMOUNT OF ESTATE CLAIM			

State of Tennessee  
County of Rutherford

I/WE make oath that the above claim is a correct, just and valid obligation of the Estate of \_\_\_\_\_, Deceased, that either the undersigned, nor any other person in my/our behalf has received payment therefor, in whole or in part, except as is credited above, and no security has been received therefor, except as above stated.

\_\_\_\_\_  
Creditor

Subscribed and sworn to before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or County Clerk

My Commission Expires: \_\_\_\_\_

## OFFICE USE ONLY

Filed in triplicate this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
County Clerk

\_\_\_\_\_  
Deputy Clerk