

**In the Circuit Court of Davidson County, Tennessee
(Probate Division)**

IN RE:

Respondent

DOCKET NO: _____

Check here if filed by Personal Representative (if so, residuary beneficiaries *MUST* be listed on page 2)

CLAIM FORM

To file a Claim, you must:

1. **Submit this notarized Affidavit and two (2) copies.**
2. **Submit evidence to support the *Claim*, plus two (2) copies (statement, open account voucher, etc.)**
3. **Submit a check payable to CIRCUIT COURT CLERK in the amount of \$50.00 and return to Circuit Court Clerk's Office, Probate Division, 1 Public Square, Room 303, P.O. Box 196300, Nashville, TN 37219-6300.**

Creditor

Address

City, State, Zip

<u>Date</u>	<u>Item & Nature of Claim</u>	<u>Amount</u>	<u>Credit</u>	<u>Unpaid Balance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

THE TOTAL AMOUNT OF THIS CLAIM IS \$ _____

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 person in my or 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 stated above.

This _____ day of _____, 20____.

CREDITOR

ATTORNEY FOR CREDITOR

ADDRESS: _____

PHONE NO: _____

Sworn to and subscribed before me, this _____ day of _____, 20____.

JOSEPH P. DAY, Clerk

BY: _____, D.C.

OR

Notary Public

My Commission Expires: _____

Personal Representative Notice of Residuary Beneficiary Information

[In accordance with T.C.A. §30-2-313]

Complete this form ONLY if you are the Personal Representative filing the Claim

The name and current mailing address of each residuary beneficiary of the decedent's estate at the time the Claim is filed **MUST** be listed below.

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

[ADD ADDITIONAL PAGE(S) FOR LISTING OF RESIDUARY BENEFICIARIES, IF NECESSARY]

To be completed by the Clerk:

I hereby certify that a true and exact copy of the foregoing *Claim* has been mailed by U.S. Mail, postage prepaid, to the residuary beneficiaries listed above.

JOSEPH P. DAY, Circuit Court Clerk

By: _____
Deputy Clerk