

**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 \$11.00 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 &amp; 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\_\_\_\_.

\_\_\_\_\_  
ATTORNEY FOR CREDITOR

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
PHONE NO: \_\_\_\_\_

\_\_\_\_\_  
**CREDITOR**

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**