

VERIFIED CLAIM AGAINST ESTATE

ALL CLAIMS MUST BE FILED WITH THE CLERK WITHIN THE TIME SPECIFIED BY LAW. [T.C.A. 30-2-307(D)] THE CLERK SHALL RETURN ALL CLAIMS RECEIVED MORE THAN 12 MONTHS FROM DECEDENT'S DATE OF DEATH.

\$11.00 filing fee required to be submitted with each claim.

All claims must be filed with the Clerk of the Court in triplicate (original and two (2) copies). When any claim is due on open account, an itemized statement of the account shall be filed; when evidenced by written instrument, a copy shall be attested; and when due by judgment or decree, a certified copy rendering same shall be filed. Every claim must be verified by the affidavit of the creditor. Mail to: Chancery Court, 100 E. Main Street, Suite 316, Rogersville, TN 37857

STATE OF TENNESSEE
HAWKINS COUNTY

CLAIM AGAINST ESTATE OF

CASE NO. _____ Deceased
_____ Creditor

Address _____

Phone No. _____

****Explain claim in space below. Please attach supporting documentation, if any****

Quantity	Items & Nature of Claim	Amount of Claim	Credits	Unpaid Balance
		\$	\$	\$
	TOTAL	\$	\$	\$

STATE OF TENNESSEE, _____ COUNTY

I (or we) make oath that the above claim is a correct, just and valid obligation of the above-noted estate, that neither the undersigned, nor any other person on my behalf has received payment therefore, in whole or in part, except as is credited above, and no security has been received therefore, except as above stated.

This _____ day of _____, 20____,

Claimant

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

Notary Public