

State of Tennessee

Franklin County

CLAIM AGAINST ESTATE OF

_____, Deceased Case No. _____

_____, Creditor

Address: _____

Quantity	Items and Nature of Claim	Amount of Claim	Credit	Unpaid Balance

(Attach documents supporting claim)

STATE OF TENNESSEE, FRANKLIN COUNTY

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 other person in my or our 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____.

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

Notary Public
My Commission Expires: _____

Filed in triplicate this _____ day of _____, 20____.

Tappy Bailey, Clerk and Master

By: _____