

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS

ESTATE OF _____)
_____)
_____)
_____)
_____)
_____)

Case No. _____

CLAIM AGAINST ESTATE

Now comes _____, under penalties of perjury as provided under Section 1-109 of the Code of Civil Procedure, stating:

1. Claimant, _____ (*Print/Type Name*) has a claim for \$ _____ against this Estate, which is just and unpaid after allowing all just credits, deductions and set-offs.

2. The nature of the claim is as follows: _____

Print Claimant Address

City

Zip

Claimant Signature

NOTE: If claim is based upon a written instrument, a copy must be attached.

I, _____, Certify State on Oath that on _____, 20____

a copy of this claim was mailed by registered mail, return receipt requested ordinary mail to Executor

Administrator Guardian and to _____ located at _____
Print Name *Print Address*

Signature

Attorney Non-Attorney

Prepared by:
Name: _____
Attorney's Name: _____
Address: _____
City: _____ State: _____
Phone: _____ Zip Code: _____
Fax: _____
ARDC #: _____

NOTE: Unless the legal representative or his/her attorney waives mailing and delivery, or consents to the allowance of the claim, a copy of the claim MUST be mailed or delivered to the legal representative AND to his/her attorney. If the claim is against the estate or a decedent and is filed on or before the claim date, the copy may be mailed by ordinary mail. If the copy is mailed after the claim date, or if the claim is against the estate of a disabled person, the mailing MUST be by registered mail return receipt requested.