

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

DIVISION <input type="checkbox"/> PROBATE	STATEMENT OF CLAIM	CASE NUMBER
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IN RE: Estate of: _____ Deceased	CLOCK IN
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STATEMENT OF CLAIM

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

DATE EXECUTED	SIGNATURE OF CLAIMANT
_____ ATTORNEY FOR CLAIMANT	_____ NAME OF CLAIMANT
_____ ADDRESS	_____ POST OFFICE ADDRESS
_____ TELEPHONE NUMBER	_____ RESIDENCE ADDRESS

JUAN FERNANDEZ-BARQUIN CLERK OF THE COURT AND COMPTROLLER MIAMI-DADE COUNTY CIRCUIT AND COUNTY COURTS	By: _____ DEPUTY CLERK	COPY MAILED TO ATTORNEY FOR PERSONAL REPRESENTATIVE ON:
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(INSTRUCTIONS TO CLAIMANT ON REVERSE SIDE)	DATE
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INSTRUCTIONS TO CLAIMANT

Creditor shall submit **ORIGINAL COPY** to the Clerk.

Indicate total amount claimed. Indicate the basis for the claim. If the claim is not yet due, the date it will be due. If the claim is contingent or unliquidated, the nature of the uncertainty shall be stated. If the claim is secured, the security shall be described.

If an objection shall be filed against this claim the claimant shall be limited to 30 days from the date of service of an objection within which to bring an independent action upon the claim. Otherwise the claim will be barred.