

STATE OF ILLINOIS  
IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT  
COUNTY OF OGLE

ESTATE OF \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

Deceased

Case No: \_\_\_\_\_

**ESTATE CLAIM**

Claimant, \_\_\_\_\_ of \_\_\_\_\_,  
Name Address

Has a claim for \$ \_\_\_\_\_ against the estate, which is just and unpaid after showing all credits, deductions and set-offs.

The nature of the claim is: (if claim is based upon a written instrument a copy must be attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

**AFFIDAVIT**

\_\_\_\_\_ on oath states that the allegations in this claim are true.

Signed and sworn to before me \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Name: \_\_\_\_\_

Attorney for Claimant: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

I, \_\_\_\_\_ of the Estate of \_\_\_\_\_, Deceased

Hereby enter by appearance in the matter of the within claim, waive service of process and consent to the allowance of it for the sum of \$ \_\_\_\_\_ as the \_\_\_\_\_ class.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

**PROOF OF SERVICE**

The undersigned has this day delivered or mailed a true copy of this claim (by ordinary mail) (by registered mail, return receipt attached) together with a true copy of each written instrument upon which the claim is predicated to the legal representative of the estate and to his attorney of record.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Claimant

Signed and sworn to before me \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**ALLOWANCE OF CLAIM**

This claim allowed by Court in the sum of \$ \_\_\_\_\_ as the \_\_\_\_\_ class.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Judge