STATE OF TENNESSEE, COUNTY OF SULLIVAN

$50.00 Filing Fee Must Be Paid By Claimant At Time of Filing Claim

(All Claims must be filed with the Clerk of the Court in ***triplicate*** within four months from the date of notice to creditors. When any claim is due on open account, an itemized statement of the account shall be filed; when evidenced by a written instrument, such instrument, or a copy attested by the Clerk of the Court as a true copy of same, shall be filed; and when due by judgment or decree, a copy certified by the Clerk of the Court rendering same shall be filed. Every claim must be verified by the affidavit of the creditor.)

VERIFIED CLAIM AGAINST ESTATE

CHANCERY COURT OF SULLIVAN COUNTY
P. O. BOX 327
BLOUNTVILLE, TENNESSEE 37617

_____ CLAIM AGAINST THE ESTATE OF
Creditor

_____ _____
Address

_____ Docket No. _____
City State Zip

The undersigned does hereby file this claim in the above named estate, which claim was due, or will be due, on _____.

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

(over)

STATE OF TENNESSEE
COUNTY OF SULLIVAN

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

This _____ day of _____, _____.

_____
Claimant

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

My commission expires:

_____
Notary Public or Clerk and Master

_____

Filed in triplicate this _____ day of _____, ____ @ _____a.m./p.m.

_____
Clerk and Master