

**IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI
PROBATE DIVISION**

Estate Number: _____

In the Estate of: _____, *Deceased/Disabled/Minor

CLAIM AGAINST ESTATE

The applicant herein states that there is due to: _____
(Name) (Address)
from the estate of _____, *Deceased/Disabled/Minor, the sum of \$ _____ on
account of (describe nature of claim) _____.

An itemized statement of such claim showing dates and amounts is attached hereto along with a copy of all written documents concerning the claim.

The claimant holds security for the claim as follows: _____.
Applicant states that to the best of *his/her knowledge and belief credit has been given to such estate for all payments and offsets to which it is entitled and that the balance claimed as above stated is justly due.

THE STATEMENTS AND REPRESENTATION IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO MY BEST KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKE A FALSE AFFIDAVIT OR DECLARATION.

Date _____
Signature of Applicant _____

I certify that a copy of this claim was served on the *Personal Representative/Conservator of the estate by mailing and delivering it to: _____

Date _____
Signature of Applicant _____

- Service of claim is acknowledged.
- Immediate hearing is requested.
- Consent is given to judgment in the amount of \$ _____.

- **If signed, strike any part not agreed to.**

Date _____
*Personal Representative/Conservator _____

The above claim is hereby allowed this _____ day of _____, 20____, in
the amount of \$ _____ and classifies said claim as a _____ class claim.

JUDGE

CLERK

*Strike if inapplicable

I hereby certify that I mailed a copy of the preceding claim to the Attorney/Conservator for this case on _____.

By _____, Deputy Clerk