

In the Matter of the Estate of _____

VERIFIED CLAIM

Deceased

FILE # _____

To a fiduciary to whom Letters were issued for the above named estate:

Fiduciary Name: _____

Fiduciary Complete Address: _____ State: _____ Zip: _____

- 1. The undersigned is the owner and holder of a claim against the above named estate.
- 2. The claim is in the amount of \$ _____.
- 3. The facts upon which the claim is based are as follows: _____

- 4. A copy of an invoice, statement or voucher [] is / [] is not attached.
- 5. No payments have been made upon the amount claimed except as follows: _____

- 6. No offsets against this claim exist, except as follows: _____

- 7. The claimant holds no security, except as follows: _____

Corporate Claimant

Claimant

Corporate Officer

Print Name

VERIFICATION

State of New York }
County of } ss:
[Individual]

I am the claimant of the foregoing claim; the claim is true to my own knowledge, except as to matters stated upon information and belief and as to those matters I believe them to be true.

[Corporation]

I am the _____ of _____
the corporation named as claimant; I have read the foregoing claim and know the contents thereof; the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true; the reason why this verification is made by me and not by claimant is that the claimant is a corporation; the source of my information and the grounds of my belief as to all matters in claim not stated upon my own knowledge are investigations which I have made or caused to be made concerning the subject matter of this claim and information acquired by me in the course of my duties as an officer of the corporation.

Subscribed and sworn to before me
on this Day of ,

Address: _____
Claimant

Notary Public My commission expires:

Attorney for Claimant Name Tel. No. _____
Address: _____

[A copy of the claim must be given to the fiduciary in person or by certified mail, return receipt requested. See SCPA §1803(2). You may use the attached form for the affidavit of mailing and attach the return receipt (green card).]

In the Matter of the Estate of

Deceased

AFFIDAVIT OF MAILING OF
VERIFIED CLAIM

FILE # _____

STATE OF NEW YORK }
COUNTY OF } ss.:

I, _____, being duly sworn, deposes and says:

Deponent is over the age of eighteen years and on _____
deponent mailed a copy of the Verified Claim, contained in a securely closed postpaid wrapper, directed to
each of the persons **named in the within claim** at the **addresses set forth therein**, by depositing same in a
letter box or other official depository under the exclusive care and custody of the United States Post Office,
located at: _____.

The attached is a Verified Claim (by a creditor pursuant to SCPA §1803 (2)), (a copy of which is attached).

Sworn to before me on

_____, 20__

Affiant

Notary Public

Print Name

My commission expires:

Attorney for Person Giving Notice

Name: _____

Address: _____

Tel. No.: _____

(Attach green card here)

[NOTE: A COPY OF THE CLAIM REFERRED TO ABOVE MUST BE SERVED ON THE FIDUCIARY OF THE
ESTATE; THE CLAIM WILL NOT BE ACCEPTED BY THE COURT WITHOUT AN AFFIDAVIT OF SERVICE
(ATTACH GREEN CARD)]