

**IN THE CHANCERY COURT FOR MONTGOMERY COUNTY, TENNESSEE  
AT CLARKSVILLE**

**VERIFIED CLAIM AGAINST ESTATE  
(T.C.A. § 30-2-307 et. Seq.)**

**ALL CLAIMS MUST BE FILED WITH THE CLERK WITHIN THE TIME SPECIFIED BY LAW. PER T.C.A. § 30-2-307(D) THE CLERK SHALL RETURN ALL CLAIMS FILED THAT ARE RECEIVED MORE THAN 12 MONTHS FROM DECEASED DATE OF DEATH.**

**\$11.00 Filing Fee Required for each Claim**

**Fee Must Be Paid By Claimant**

(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 an open account, an itemized statement of the account shall be filed; when evidenced by 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.)

STATE OF TENNESSEE  
COUNTY OF MONTGOMERY

Creditor	CLAIM AGAINST ESTATE OF
Address	Deceased
City	Case No.: <u>MC-CH-CV-</u> - -
	State                      Zip Code

Date	Items and Nature of Claim	Amount	Credits	Unpaid Balance
	<b>TOTAL</b>			

STATE OF TENNESSEE, MONTGOMERY COUNTY

I (or we) make oath that the above claim is a correct, just and valid obligation of the Estate of , Deceased, that neither the undersigned, nor any other person in my or our behalf has received payment thereof, in whole or in part, except as is credited above, and no security has been received thereof, except as above stated.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Creditor's Signature

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

MICHAEL W. DALE, Probate Court Clerk

By \_\_\_\_\_  
or

\_\_\_\_\_  
Attorney for Creditor

\_\_\_\_\_  
Address

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_