

**CIRCUIT COURT OF THE FOURTEENTH JUDICIAL CIRCUIT  
ROCK ISLAND COUNTY, ILLINOIS**

ESTATE OF

\_\_\_\_\_ No. \_\_\_\_\_

**ESTATE CLAIM-CONTRACT**

1. Claimant, \_\_\_\_\_ of \_\_\_\_\_  
(name) (address)

\_\_\_\_\_, has a claim for \$ \_\_\_\_\_ against  
(city, state, zip)

the estate, which is just and unpaid after allowing all just credits, deductions and set-offs.

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

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

Date: \_\_\_\_\_  
(month, day, year)

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

**AFFIDAVIT**

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

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

(SEAL)

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

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

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

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

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

**APPEARANCE-WAIVER OF SERVICE-CONSENT**

I, \_\_\_\_\_ of the Estate of \_\_\_\_\_  
Deceased, hereby enter my appearance in the matter of the within claim, waive service of process and  
consent to the allowance of it for the sum of \$ \_\_\_\_\_ as of the \_\_\_\_\_ Class.

Date: \_\_\_\_\_  
SIGNATURE OF REPRESENTATIVE OR HIS ATTY

**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.

Date: \_\_\_\_\_  
Claimant

By \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL) \_\_\_\_\_  
NOTARY PUBLIC

**ALLOWANCE OF CLAIM**

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

Date: \_\_\_\_\_ ENTER: \_\_\_\_\_  
Judge

See Docket Entry