

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

ESTATE OF

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

**ESTATE CLAIM-TORT**

1. Claimant, \_\_\_\_\_ of \_\_\_\_\_  
(name) (address)  
\_\_\_\_\_, has a claim for \$ \_\_\_\_\_ against  
(city, state, zip)

this estate.

2. The nature of the claim is:

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

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

**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 Seventh Class.

Date: \_\_\_\_\_  
Signature of Representative or his Attorney

**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 Seventh Class.

Date: \_\_\_\_\_ ENTER: \_\_\_\_\_  
JUDGE

**SEE DOCKET ENTRY**