STATEMENT OF CLAIM

DIVISION: CIVIL	CASE NUMBER	05 -	-	-	- XXXX-XX
IN RE: ESTATE OF	CLOCK IN				

DECEASED

	hereby presents for filing aga			
2. The social sec	urity or tax identification num	nber of the claimant is		
and the name and address	s of the claimant are			
and the name and addres	s of the claimant's attorney, i	if any, are as set forth below	N.	
3. The amount of	the claim is \$, 20	which amount is now o	due, or, if not o	due, will become due on
] is ☐is not contingent or u		•	
5. The claim] is ☐is not secured. If sec	ured, the security consists	of	
my knowledge and belief.	f perjury, I declare that I have	0 0	, and the second	
Executed this	day of	, 20		
Attorney for Clain	nant			Claimant
City	State	Zip Code		_
Telephone No.	State	Florida Bar No.		 _
	or the Personal Representati			
BREVARD COUNTY CLERK OF COURTS	ВҮ		DC	DATE

MUST BE FILED IN DUPLICATE. SEE NEXT PAGE FOR IMPORTANT INFORMATION

LAW 218 Rev. 11-26-2012

INSTRUCTIONS

- 1. Inapplicable words or statements may be stricken, but all information indicated in the form must be given. The nature and extent of the claim should be state in the spaces provided in sufficient detail to advise the personal representative of the estate to full particulars in order that the validity of the claim may be determined.
 - 2. An exact copy of this claim must be filed with the Clerk of the Court at the time of filing.

WARNING TO CLAIMANTS:

The personal representative of the estate or any party interested in the estate has the right to object to any claim. If objection is filed, suit in a court of competent jurisdiction must be filed within the time allowed by law, or this claim will be barred. See Chapter 733.702, Chapter 733.703, and Chapter 733.705, **Florida Statutes**, and Rules 5.240 and 5.490 of the Florida Rules of Probate and Guardianship Procedure.