

# Superior Court of the District of Columbia

## PROBATE DIVISION

### CLAIM AGAINST DECEDENT'S ESTATE

The creditor named below certifies that there is owing by  
deceased, Admin. No. \_\_\_\_\_, in accordance with the statement of account attached hereto  
as a part hereof, the sum of \_\_\_\_\_  
together with interest at the rate of \_\_\_\_\_ from \_\_\_\_\_ until  
paid, and that the aforesaid account is correct as stated and is unpaid. \*

On behalf of the creditor named below, I do solemnly declare and affirm under penalty of law that the contents of  
the foregoing document are true and correct to the best of my knowledge and belief.

Decedent died on \_\_\_\_\_ and was a resident of \_\_\_\_\_

Name of Creditor: (Please print ) \_\_\_\_\_

Signature of Creditor or person authorized to make  
verification on behalf of creditor

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

### INSTRUCTIONS

In addition to completing all pertinent blank spaces on the form, the claimant shall use these lines to state:

1. The due date if the claim is not yet due;
2. The nature of the contingency, if the claim is contingent;
3. The description of the security, if the claim is secured;
4. Nature of claim.

All claims presented to the Register of Wills must be accompanied by check or money order in the amount of \$5.00,  
payable to the Register of Wills, D.C.

I hereby certify that I have delivered or mailed, return  
receipt requested, a copy hereof to \_\_\_\_\_

FOR REGISTER OF WILLS USE ONLY

Date Filed: \_\_\_\_\_

representative or attorney) this \_\_\_\_\_ (personal  
day of \_\_\_\_\_

Claims Docket Book: \_\_\_\_\_

Page: \_\_\_\_\_

\_\_\_\_\_  
Claimant

By \_\_\_\_\_  
*Deputy Register of Wills*