

**CLAIM AGAINST ESTATE**

IN THE ESTATE OF: \_\_\_\_\_

The Claimant certifies that there is due and owing from \_\_\_\_\_, the decedent,  
the sum of \$ \_\_\_\_\_ due by reason of \_\_\_\_\_

\_\_\_\_\_

pursuant to the attached *original* invoice(s) and/or other documentation evidencing said debt.

On behalf of the claimant, I do solemnly declare and affirm, under the penalties of perjury, that the information and representations made herein are true and correct to the best of my knowledge, information and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Claimant

\_\_\_\_\_  
Signature of Claimant or person authorized to make  
verification on behalf of Claimant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_, to wit:

Subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid,  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

My Commission Expires: \_\_\_\_\_ Registration No.: \_\_\_\_\_

A claim is filed when an executed form is forwarded to the **Commissioner of Accounts, 4 Cornwall Street, NE, Leesburg, VA 20176**, accompanied by a nonrefundable filing fee of \$95.00. **Claimant must mail a copy of this claim to the personal representative of the estate.**

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**FOR OFFICE USE ONLY**

Received this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
Commissioner of Accounts