

**VERIFIED CLAIM AGAINST ESTATE**

ALL CLAIMS MUST BE FILED WITH THE CLERK WITHIN THE TIME SPECIFIED BY LAW. PER T.C.A. SEC. 30-2-307(D) THE CLERK SHALL RETURN ALL CLAIMS FILED THAT ARE RECEIVED MORE THAN 12 MONTHS FROM DECEASED DATE OF DEATH.

\$11.00 Filing Fee required to be submitted with each Claim.

Fee must be paid by Claimant. All Claims must be filed with the Clerk of the Court in triplicate. When any claim is due on open account, an itemized statement of the account shall be filed; when evidenced by written instrument, a copy shall be attested; and when due by judgment or decree, a copy certified by the Clerk and the Court rendering same shall be filed. Every claim must be verified by the affidavit of the creditor. Mail to: **Chancery Court, 116 West Lytle St, Suite 5101, Murfreesboro, TN 37130.**

RUTHERFORD COUNTY

CLAIM AGAINST ESTATE OF

\_\_\_\_\_  
Creditor

\_\_\_\_\_  
Deceased

\_\_\_\_\_  
Address

Docket Number \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

Date	Items & Nature of Claim	Amount	Credits	Unpaid Balance
	Total			

\_\_\_\_\_ COUNTY, \_\_\_\_\_

The undersigned makes oath that the above claim is a correct, just and valid obligation of the Estate of \_\_\_\_\_, Deceased, that neither the undersigned, nor any other person has received payment therefore, in whole or in part, except as is credited above, and no security has been received therefore, except as stated above.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Creditor's Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Attorney for Creditor

\_\_\_\_\_  
Address

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