CLAIM AGAINST ESTATE – PROBATE COURT

STATE OF TENNESSEE
Probate Court of Warren County
At McMinnville

____ Deceased
____ Creditor
Address____
Date Claim Due ____
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Quantity   Items and Nature of Claim   Amount of Claim   Unpaid Balance

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STATE OF TENNESSEE, WARREN COUNTY

I (or we) make 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 in my or our behalf has received payment therefore, in whole or in part, except as is credited above, and no security has been received therefore, except as above stated.

This the _____ day of _______________, _____

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Legal Authority: T.C.A. §30-2-307

Sworn to and subscribed before me this the _____ day of _______________, _____

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Filed in triplicate _____ day of _______________, _____

____
Clerk and Master/Notary Public

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Deputy Clerk
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