

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Estate of

Deceased

No. _____

CLAIM

1. Claimant _____ has a claim for
(name)

\$ _____ against this estate.

2. The nature of the claim*

Atty. No.: _____

Firm Name: _____

Atty. for Claimant: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Address: _____

City/State/Zip: _____

Telephone: _____

*When the claim is based upon a written instrument, a copy of the instrument must be attached. When the claim is based on tort, so state.

Doc. _____ Page _____

No. _____

IN THE CIRCUIT COURT OF
COOK COUNTY

County Department - Probate Division

Estate of _____

CLAIM

Claimant _____

Amount of Claim \$ _____

Set for hearing _____, _____

at _____ m. in Room _____

RICHARD J. DALEY CENTER

Chicago, Illinois 60602

(Rev. 09/06/13) CCP 0345 B

Mailing and delivery of copy of claim waived _____, _____

Representative
Attorney for Representative

I _____
(certify) (state on oath)

that on _____, _____ a copy

of this claim was _____ (mailed)

(delivered in person) _____ (mailed by ordinary mail)

to _____
Representative

and to _____
Attorney for Representative

Attorney or Agent for claimant
(Agent's statement must be notarized)

Signed and sworn to before me

_____, _____

Notary Public

I consent to the allowance of this claim for \$ _____

as a claim of the _____ class.

Representative
Attorney for Representative

Date of letters _____, _____

Unless the representative or his/her attorney waives in writing the mailing or delivery of a copy of the claim or consents in writing to the allowance of the claim, the claimant shall cause a copy of the claim to be mailed or delivered to the representative and to his/her attorney of record, if any, and shall file proof of such mailing or delivery within 10 days after the filing of the claim.