

**Re: ESTATE OF** \_\_\_\_\_ **Fid. No.** \_\_\_\_\_  
[To be filed only in decedent's estates]

**CLAIM**

This claimant certifies that there is due and owing by the above-referenced estate the sum of \$ \_\_\_\_\_. Claimant further states a specific explanation of this amount is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of claimant (Please print)

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Notary Public  
My Commission expires:

**A claim is filed when an executed, notarized copy of this form is forwarded to the Office of Commissioner of Accounts, 1425 N. Courthouse Road, Suite 6500, Arlington, VA 22201, accompanied by a nonrefundable filing fee of \$95.00. Claimant must mail a copy of this claim to the personal representative of the estate.**

(FOR COMM OF ACCTS USE ONLY)

Original Notice  
of claim filed: \_\_\_\_\_

Filing fee paid: \_\_\_\_\_

\_\_\_\_\_  
Commissioner of Accounts  
Arlington County & City of Falls  
Church, Virginia