

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 \$55.00. 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