

STATE OF TENNESSEE, COUNTY OF SULLIVAN

\$11.00 Filing Fee Must Be Paid By Claimant At Time of Filing Claim

(All Claims must be filed with the Clerk of the Court in *triplicate* within four months from the date of notice to creditors. When any claim is due on open account, an itemized statement of the account shall be filed; when evidenced by a written instrument, such instrument, or a copy attested by the Clerk of the Court as a true copy of same, shall be filed; and when due by judgment or decree, a copy certified by the Clerk of the Court rendering same shall be filed. Every claim must be verified by the affidavit of the creditor.)

**VERIFIED CLAIM AGAINST ESTATE
CHANCERY COURT OF SULLIVAN COUNTY
P. O. BOX 327
BLOUNTVILLE, TENNESSEE 37617**

Creditor	CLAIM AGAINST THE ESTATE OF
Address	
City	Docket No. _____
State	
Zip	

The undersigned does hereby file this claim in the above named estate, which claim was due, or will be due, on _____.

Quantity	Items and Nature of Claim	Amount of Claim	Credits	Unpaid Balance

(over)

STATE OF TENNESSEE
COUNTY OF SULLIVAN

I make oath that the above claim is a correct, just and valid obligation of the above named estate; that neither I nor any other person in my behalf have 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 _____ day of _____, _____.

Claimant

Sworn to and subscribed before me this _____ day of _____, _____.

My commission expires:

Notary Public or Clerk and Master

Filed in triplicate this _____ day of _____, _____ @ _____ a.m./p.m.

Clerk and Master