

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS

ESTATE OF _____)
_____)
_____)
_____)
_____)
_____)
_____)

Minor Adult with Disability Decedent

Case No. _____

CLAIM AGAINST ESTATE

Now comes _____, under penalties of perjury as provided under Section 1-109 of the Code of Civil Procedure, certifies that the statements set forth in this instrument are true and correct:

1. Claimant, _____ (*Print/Type Name*) has a claim for \$ _____ against this Estate, which is just and unpaid after allowing all just credits, deductions and set-offs.

2. The nature of the claim is as follows: _____

Print Claimant Address

City

Zip

Claimant Signature

NOTE: If claim is based upon a written document, a copy must be attached.

I, _____, state under penalties of perjury that on _____, 20____ a copy of this claim was mailed by registered mail, return receipt requested ordinary mail or e-mail to the Executor Administrator Guardian and to their attorney _____
Print Name

located at _____
Print Address

Signature

Attorney Non-Attorney

Prepared by:

Name: _____ SRL

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

ARDC #: _____

E-mail address: _____

NOTE: Unless the legal representative or his/her attorney waives mailing and delivery, or consents to the allowance of the claim, you MUST mail, e-mail or deliver a copy of the claim to the legal representative AND to his/her attorney within 10 days after the claim has been filed and you must file with the court proof of any required mailing or delivery of copies. 755 ILCS 5/18-1 (b).