

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

In The Matter Of The ESTATE OF: _____) Case No. _____
 _____)
 _____)
 _____)

CLAIM ON CONTRACT

| |
|--|
| CLAIMANT: Name: _____ Address: _____ City/State/Zip: _____ |
| AMOUNT OF CLAIM \$ _____ |
| Mailing and Delivery of Copy of Claim Waived By: <input type="checkbox"/> Executor <input type="checkbox"/> Administrator <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Attorney for Estate Date: _____ |
| See 755 ILCS 5-18-1 et. seq. I certify that on the date set forth below that a copy of this Claim was: <input type="checkbox"/> Delivered in Person <input type="checkbox"/> Mailed by Registered Mail <input type="checkbox"/> Mailed by Ordinary Mail TO: <input type="checkbox"/> Executor <input type="checkbox"/> Administrator <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator AND: Attorney for Estate Signed: _____ <p align="center">Attorney or Agent for Claimant</p> Date: _____ |

| |
|--|
| CONSENT |
| I consent to Allowance of the Claim and Cost of Filing Be Charged to the Estate. Date: _____ Amount: \$ _____ Class: _____ Signed: _____ <input type="checkbox"/> Executor <input type="checkbox"/> Administrator <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Attorney for Estate |

| |
|---|
| ORDER |
| Date: _____ <input type="checkbox"/> All for \$ _____ Class _____ _____ Judge |

| |
|--|
| ORDER |
| Date: _____ <input type="checkbox"/> Found paid and satisfied. <input type="checkbox"/> Dismissed. _____ Judge |

The within named Claimant makes claim against the Estate for the amount shown and for reason stated in the space below and on oath says he/she is the Claimant; he/she has knowledge of the facts relating to the claim; the statements are true; the claim is just and unpaid after allowing all just credits, deductions and set offs.

Date: _____

 Claimant or Representative of Claimant
 (If Representative, must state office held)

Signed and sworn to before me
 _____, 20____.

 (Clerk of Court - Notary)

Attorney for Claimant:

Address:

City/State/Zip:

Telephone:

ITEMIZED STATEMENT OF CLAIMS

(Attach separate sheet for more information.)

WHEN CLAIM IS BASED UPON A WRITTEN INSTRUMENT, A COPY OF THE INSTRUMENT MUST BE ATTACHED.

(White - Circuit Clerk; Yellow – Atty of Record of Estate; Pink – Administrator/Executor of Estate; Goldenrod - Claimant)

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Rev.: 11/23/99