

**SUMNER COUNTY CHANCERY COURT
CLERK & MASTER'S OFFICE
100 PUBLIC SQUARE, ROOMS 400-401
GALLATIN, TN 37066**

**615-451-6036
FAX 615-451-6031**

CLAIM FORM INSTRUCTIONS:

**PROVIDE 4 COPIES OF CLAIM FORM WITH A SELF ADDRESSED,
POSTAGE-PAID ENVELOPE, FOR ONE COPY TO BE MAILED BACK TO
YOU**

**CLAIM FORM MUST BE SIGNED BY A NOTARY OR IN FRONT OF COURT
CLERK**

ATTACH CLAIM DOCUMENTS TO THE CLAIM FORM

**FILING FEE IS \$11.00 (MADE PAYABLE TO SUMNER COUNTY CHANCERY
COURT) NO PERSONAL CHECKS ARE ACCEPTED**

CLAIM AGAINST ESTATE OF

**STATE OF TENNESSEE
COUNTY OF SUMNER**

Deceased

Creditor

Docket No

Address

CITY STATE ZIP

Date	Items and Nature of Claim	Amount	Credits	Unpaid Balance

STATE OF TENNESSEE

I (or we) make oath that the above claim is a correct, and just and valid obligation of the Estate of _____, Deceased, that neither the undersigned, nor any other person in my or our behalf has received payment therefor, in whole or part, except as is credited above, and no security has been received therefor, except as above stated.

This _____ day of _____, 20_____.

Creditor's Signature

Filed in triplicate this _____ day of _____,
20_____.

Sworn to and subscribed before me this _____ day of _____, 20_____.

DEPUTY CLERK

Notary Public

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My commission expires _____