

**SUMNER COUNTY CHANCERY COURT  
CLERK & MASTER'S OFFICE  
100 PUBLIC SQUARE, ROOM 400  
GALLATIN, TN 37066  
615-451-6036  
FAX 615-451-6031**

**CLAIM FORM INSTRUCTIONS:**

1. All claims must be filed in triplicate **including** any additional supporting documentation. **(ONE MUST BE AN ORIGINAL)** A Court Claim Form is available from our website, but it is not required to be utilized for the filing of any claim.
2. There is an eleven (\$11.00) filing fee. Acceptable forms of payment are business check, cashiers' check or money order (payable to the Sumner County Clerk and Master).
3. The claim must be signed in front of a Notary **OR** in the presence of a Court Clerk upon filing.
4. If you require a stamp filed copy to retain for your records an additional copy of the claim as well as a self-addressed stamped envelope must be provided.

SUMNER COUNTY CHANCERY COURT  
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 100 PUBLIC SQUARE, ROOM 400-401  
 GALLATIN, TN 37066

PH # 615-451-6036

**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

<p>_____ Signature</p> <p>State of _____</p> <p>County of _____</p> <p>Sworn to and subscribed before me, this _____ day of _____, 20_____.</p> <p>_____          Notary Public / Deputy Clerk          My Commission Expires: _____</p>	<p><b>OR</b></p>	<p>I certify under penalty of perjury that the foregoing is true and correct.</p> <p>_____ Signature</p>
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