

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS COUNTY DEPARTMENT - PROBATE DIVISION

Case No. _____ Calendar _____

Estate of _____

CLAIM

1. Claimant _____ has a claim for
[name]
\$ _____ against this estate.

2. The nature of the claim*

***When the claim is based upon a written instrument, a copy of the instrument must be attached. When the claim is based on tort, so state.**

Attorney Number _____

Name _____

Firm Name _____

Attorneys for _____

Address _____

City/State/Zip _____

Telephone _____

Email _____

[signature of Claimant]

[address]

[city/state/zip]

[telephone]

HEARING ON CLAIM SCHEDULED

Hearing has been scheduled on _____ at _____ M in Room _____,
[date] [time]

Richard J. Daley Center, 50 W. Washington Street, Chicago, Illinois 60602.

CERTIFICATE OF SERVICE

I certify that on _____ a copy of this claim was _____
[date] (mailed) (delivered in person)

to _____
[representative]

and to _____
[attorney for representative]

Signed and sworn to before me by the agent for Claimant _____
on _____, 20_____. [signature of attorney for Claimant or agent for Claimant]

[signature of Notary Public]

Unless the representative or his/her attorney waives in writing the mailing or delivery of a copy of the claim or consents in writing to the allowance of the claim, the claimant shall cause a copy of the claim to be mailed or delivered to the representative and to his/her attorney of record, if any, and shall file proof of such mailing or delivery within 10 days after the filing of the claim.

WAIVER OF SERVICE

On _____, I hereby waive mailing and delivery of the copy of the claim.
[date]

[signature of representative or attorney for representative]

CONSENT TO CLAIM

On _____, I consent to the allowance of this claim in the amount of
[date]

\$ _____ as a _____ class claim against the estate.
[amount of claim allowed] [class of claim]

[signature of representative or attorney for representative]