STATE OF NEBRASKA

CC 15:2 REV 04/2018
Neb. Rev. Stat. § 30-2486

STATEMENT OF CLAIM

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

IN THE MATTER OF THE ESTATE OF

_____, Deceased.

Case No. _____

STATEMENT OF CLAIM
Claim No. _____

TO THE CLERK OF THE COURT:

Claim of the undersigned is hereby made against this estate, itemized as follows:

Description of Claim	Due Date, If Not Yet Due	Amount

☐ See attached bill or other documentation.

Total Claim: _____

This claim is:

☐ Contingent
☐ Unliquidated and the nature of the uncertainty is: _____
☐ Secured, and a description of the security is: _____
☐ Unsecured.

PRESENT THIS CLAIM TO THE COURT

_____
Signature

Date _____

_____
Claimant or Authorized Party Name

_____
Claimant or Authorized Party Street Address/P.O. Box

_____
Bar Number and Firm Name (attorneys only)

_____
Claimant or Authorized Party City/State/ZIP Code

_____
Claimant or Authorized Party Phone/Fax

_____
Claimant or Authorized Party Email Address