

STATEMENT OF CLAIM

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

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF THE ESTATE OF

Case No. _____

_____, Deceased.

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

Bar Number and Firm Name (attorneys only)

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

Claimant or Authorized Party City/State/ZIP Code

Claimant or Authorized Party Phone/Fax _____
Claimant or Authorized Party E-mail Address