

RELEASE OF CLAIM

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF THE ESTATE OF _____

Case No. _____

RELEASE OF CLAIM

Deceased

The undersigned claimant acknowledges delivery and receipt on _____ of the following described payment which is the full amount of the claim to which the undersigned claimant is entitled, to wit:

Description of Claim:

Amount:

The undersigned claimant releases and forever discharges the personal representative of the estate from all claims and rights whatsoever which the undersigned may have in this estate with respect to such claim.

Signature

Date _____

Claimant Name

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box

City/State/ZIP Code

Phone

E-mail Address

Witness: _____