

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA

IN THE MATTER OF THE ESTATE OF

CASE NUMBER _____

_____, Deceased.

STATEMENT OF CLAIM

Claim No. _____

TO THE CLERK OF THE COURT:

Claimant 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