

VIRGINIA: IN THE CIRCUIT COURT OF FAUQUIER COUNTY

CLAIM AGAINST THE ESTATE OF _____

CLAIMANT'S NAME _____

AMOUNT OF CLAIM _____

This day came _____,
(On the line above, enter the name of the person who signs this claim)
who, after first being duly sworn, deposes and states as follows:

1. CLAIMANT'S name is: _____
2. CLAIMANT'S address is: _____
3. CLAIMANT'S telephone number is: _____
4. The DECEDENT, _____, and

his/her estate is indebted to the CLAIMANT in the amount of \$_____ by
virtue of _____
(On the line above, specify the source, account, obligation, or documents on which the debt is based)

5. I attach an itemized statement of the debt.
6. My relationship to the CLAIMANT is that I am CLAIMANT'S _____

_____, and I have authority to file this claim on behalf of
CLAIMANT.

7. On the date that the notarial certificate below shows that I subscribe this claim, I
have mailed a complete copy of this claim and all attachments to the fiduciary who is
administering the DECEDENT'S estate, that is, to the following:

Name of Executor/Administrator, etc. _____

Title of fiduciary's office (Executor, Administrator, etc.) _____

Fiduciary's address _____

8. And also on the date that the notarial certificate below shows that I subscribe this claim, I have mailed a complete copy of this claim and all attachments to the legal counsel to the fiduciary who is administering the DECEDENT'S estate, that is, to the following:

Name of lawyer _____

Lawyer's address _____

_____, Claimant
(If Claimant is an individual, Claimant should sign on the line above and leave the line immediately below blank. If claimant is a corporation, bank, or other entity, write the Claimant's name on the above line, and the person authorized to sign on behalf of Claimant should sign on the line below.)

By _____
(The person signing on behalf of an entity should sign his or her **(1) name and (2) office or capacity** on the line above.)

STATE OF _____

CITY/COUNTY OF _____

Subscribed and sworn to before me by _____
(Enter on the line above the name of the person signing this claim.)

as _____ of CLAIMANT,
(If Claimant is an individual strike through the line immediately above. If Claimant is an entity, enter on the line above the office or capacity of the person signing on behalf of the entity.)

in my said City/County and State on this _____ day of _____, 20____.

My commission expires _____.

_____(NOTARIAL SEAL)
Notary Public - **PLEASE AFFIX NOTARIAL SEAL**

Claimant should file the claim, and a check for \$50.00 filing fee payable to "Commissioner of Accounts" with:

**Gary M. Pearson
Commissioner of Accounts
9 Culpeper Street
Warrenton, VA 20186
Telephone: 540-347-2660**

As provided in Virginia Code § 64.1-173, the Commissioner of Accounts by his signature below acknowledges receipt of this claim and the \$50.00 fee check payable to "Commissioner of Accounts" on the _____ day of _____, 20____.

Gary M. Pearson, Commissioner of Accounts