State of Tennessee)
Chancery Court,)
Coffee County)

CLAIM AGAINST ESTATE OF

_____, Deceased

Creditor _____

Address _____

_____

_____Date Claim Due. _____, 20 _____

Quantity	Item and Nature of Claim	Amount of Claim	Credits	Unpaid Balance

STATE OF TENNESSEE, COFFEE COUNTY

I (or we) make oath that the above claim is a correct, just and valid obligation of the Estate of _____, Deceased, that neither the undersigned, nor any other person in my or our behalf has received payment therefor, in whole or in part, except as is credited above, and no security has been received therefor, except as above stated.

This _____ day of _____, 20 _____. _____

_____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

_____

Filed in triplicate _____ day of _____, 20 _____ _____
Clerk & Master

_____
Deputy Clerk