
APPEARANCE - WAIVER OF SERVICE - CONSENT

I, _____ of the Estate of _____ deceased, hereby enter my appearance in the matter of the within claim, waive service of process and consent to the allowance of it for the sum of \$ _____ as of the _____ Class

Dated _____, 20____

Signature of Representative or his Attorney

PROOF OF SERVICE

The undersigned has this day delivered or mailed a true copy of this claim (___by ordinary mail, ___by registered mail, return receipt attached) together with a true copy of each written instrument upon which the claim is predicated to the legal representative of the estate and to his attorney of record.

Dated _____, 20____

Claimant

ALLOWANCE OF CLAIM

This claim allowed by Court in the sum of \$ _____ as of _____ Class.

Dated _____, 20____

Enter: _____

Judge

(See Docket Entry)
