

**UNITED STATES OF AMERICA  
STATE OF ILLINOIS COUNTY OF LASALLE  
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT**

Estate of \_\_\_\_\_  
Deceased } No: \_\_\_\_\_

**ESTATE CLAIM - TORT**

1. Claimant, \_\_\_\_\_ of \_\_\_\_\_  
(name) (address)  
\_\_\_\_\_ has a claim for \$ \_\_\_\_\_ against this estate.  
(city, state, zip)

2. The nature of the claim is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
(Month, Day, Year) Signature of Claimant

**AFFIDAVIT**

\_\_\_\_\_ on oath states that the allegations in this claim are true.

Signed and sworn to before me \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Name: \_\_\_\_\_

(SEAL)

Attorney for Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**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 Seventh Class.

Date: \_\_\_\_\_

\_\_\_\_\_  
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.

Date: \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Claimant

By \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
Notary Public

**ALLOWANCE OF CLAIM**

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

Date: \_\_\_\_\_, 20 \_\_\_\_\_

ENTER: \_\_\_\_\_

Judge

See Docket Entry