

IN THE CIRCUIT COURT FOR
ST. JOHNS COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF File No. CP 10-375

KENNETH W. McLEOD Division 55

Deceased.

STATEMENT OF CLAIM BY _____

The undersigned hereby presents for filing against the above estate this statement of claim and alleges:

1. The basis for the claim is _____

2. The name and address of the claimant are _____

and the name and address of the claimant's attorney, if any, are as set forth below.

3. The amount of the claim is \$ _____ which amount is now due, or, if not due, will become due on _____.

4. The claim _____ contingent or unliquidated. If contingent or unliquidated, the nature of the uncertainty is _____.

5. The claim _____ secured. If secured, the security consists of _____.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signed on _____.

Attorneys for Claimant

Claimant

by: _____
Name: _____
Florida Bar No. _____
Street: _____
City/State/Zip _____
Telephone: _____
Email: _____
[Print or Type Names Under All Signature Lines]

Copy mailed to attorney for the Personal
Representative on

CLERK OF THE CIRCUIT COURT

By _____

MUST BE FILED IN DUPLICATE