

WARREN COUNTY SURROGATE'S COURT

In the Matter of the Estate of

CLAIM BY CREDITOR

_____, Deceased
(full name of decedent)

To: Michael J. Doherty, Warren County Surrogate
413 Second Street, Belvidere, NJ 07823

(name and address of Executor or Administrator)

_____, being duly sworn according to law says:
(name of individual claimant or company)

1. _____ is a creditor of the above-captioned estate.
2. Attached is a true copy of the most recent billing to the deceased which shows that the decedent owes as of the date of billing a sum of _____.
3. No part of this debt has been paid.

(signature and printed name of claimant/representative)

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

Notary Public of the State of _____.

(signature and seal of Notary Public)

INSTRUCTIONS:

Fill out duplicate originals, mail one to personal representative and mail duplicate to the Warren County Surrogate's Court at the above-address. The Court requires a \$5.00 *per page* filing fee payable to Warren County Surrogate.

CERTIFICATION OF SERVICE

I _____, do hereby certify that on the ____ day of _____, 20____, I served a copy of the foregoing and attached Claim by Creditor to the personal representative at the address stated above by depositing the same in a postpaid, properly addressed envelope, in an official depository under the exclusive care and custody of the United States Postal Service.

(signature and printed name of claimant/representative)