

Re: ESTATE OF _____ **Fid. No.** _____
[To be filed only in decedent's estates]

CLAIM

This claimant certifies that there is due and owing by the above-referenced estate the sum of \$ _____. Claimant further states a specific explanation of this amount is as follows:

Name of claimant (Please print)

Signature of Claimant or person
authorized to make verification on behalf
of claimant.

Phone Number: _____

Address: _____

Subscribed and sworn before me, a Notary Public in and for the County of _____, State of _____, this _____ day of _____ 20____

Notary Public

My Commission expires: _____

A claim is filed when an executed, notarized copy of this form is forwarded to the Office of Commissioner of Accounts, 4084 University Drive, Suite 102, Fairfax, VA 22030, accompanied by a nonrefundable filing fee of \$55.00. Claimant must mail a copy of this claim to the personal representative of the estate.

(FOR COMM OF ACCTS USE ONLY)

Original Notice
of claim filed: _____

Filing fee paid: _____

Deputy Commissioner of Accounts
Fairfax County, Virginia