

**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, 10400 Eaton Place, Suite 450, 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