

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION**

Estate of

Adm. No.

Trust of

TR. No.

CLAIM AGAINST DECEDENT'S ESTATE and/or REVOCABLE TRUST

The claimant named below certifies that (check the applicable box[es])

- The claimant makes claim for _____.
- The claimant makes claim for costs of administration of the settlor decedent's estate in the amount of _____ for _____.
- The claimant makes claim for the expenses of the settlor decedent's funeral and disposal of remains in the amount of _____.
- The claimant makes claim for the homestead allowance, or a portion thereof in the amount of _____, as provided by D.C. Code § 19-101.02.
- The claimant makes claim for the exempt property allowance, or a portion thereof in the amount of _____, as provided by D.C. Code § 19-101.03.
- The claimant makes claim for the family allowance, or a portion thereof in the amount of _____, as provided by D. C. Code § 19-101.04.

On behalf of the claimant named below, I do solemnly declare and affirm under penalty of law that the contents of the foregoing document are true and correct to the best of my knowledge and belief.

Decedent died on _____ and was a resident of _____

Name of Claimant

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

Address

All claims presented to the Register of Wills must be accompanied by check or money order in the amount of \$ 5.00.

I hereby certify that I have delivered or mailed, return receipt requested, a copy hereof to the personal representative of the estate of _____ and/or _____ trustee of the revocable trust of _____ this _____ day of _____, 200_.

Claimant

For Register of Wills Use Only
Date Filed:
By _____
Deputy Register of Wills