
Full Name of Party Submitting This Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE ESTATE OF:

_____,

Deceased.

Case No.: _____

CLAIM AGAINST ESTATE
(I.C.15-3-804)

Claim is made against this estate by _____,
as follows:

Basis of Claim

Amount

(If claim is not yet due, state the date when
it will become due. If the claim is contingent or
unliquidated, state the nature of the uncertainty.)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

This claim is secured by _____
_____.

DATE: _____

Claimant Signature

(Typed name, address, and phone number)

CERTIFICATE OF SERVICE

I certify I served a copy to: (name all parties or their attorneys in the case, other than yourself)

(Name)

By Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

(Name)

By Mail

(Street or Post Office Address)

By fax

(City, State, and Zip Code)

By personal delivery

Date: _____

Signature

Typed/printed Name of Party Signing