IN THE CIRCUIT COURT OF THE	JUDICIAL CIRCUIT		
	County, Illinois, In Probate		
Estate of	}		
CLAIM - CO			
1. Claimant	(name and address)		
	(name and address)		
has	s a claim for \$	against this	
estate, which is just and unpaid after allowing all just credits, 2. The nature of the claim is			
	Claimant		
allegations in this claim are true.	OAVIT	on oath states that the	
ORDER Allowed for \$ and costs, Class,	Signed and sworn to before me		
Judge	Notary public		

Name Attorney for Address City Telephone

Mailing and delivery of copy of claim waived.		Note: If claim is based upon a written instrument, a copy must be attached.			
Attorney for Estate	Executor Administrator	Guardian Conservator	I con:	sent to allowance of thi	s claim for
	ertify) (state on oath)		\$ costs to be charged	as a to the estate.	class claim,
a copy of this clair (del	ivered in person) (ma	iled)	Attorney	Executor	 Guardian
(mailed by regi	istered mail, return re	ceint requested)	for estate	Administrator	Conservator
	or) rator)	, ,	Date of letters		, <u> </u>
	attorney) (non-attorney statement must be		Set for hearing		
Signed and sworn	to before me		at	m., room	
	(Notary Public)	<u>.</u>	NOTE: Unless the legal representative or his attorney waives mailing and delivery, or consents to the allowance of the claim, a copy of the claim MUST be mailed or delivered to the legal representative AND to his attorney. If the claim is against the estate of a decedent and is filed on or before the claim date, the copy may be mailed by ordinary mail. If the copy is mailed after the claim date, or if the claim is against the estate of a minor or incompetent, the mailing MUST be by registered mail, return receipt requested. See Ill. Rev. Stat., ch.3, § 195.		