FAMILY RELATIONS DEPARTMENT 201 S. Indian River Dr., 2nd Floor, Fort Pierce, FL 34950 772-462-6910

Mailing Address: P.O Box 700 Fort Pierce, FL 34954

Per Florida Statute 733.702, all claims must be filed no later than 3 months after the time of the first publication of notice to creditors. For each served creditor, 30 days after the date of service on the creditor.

Per your request regarding the Statement of Claim:

INSTRUCTIONS

- 1. Inapplicable words or statements may be stricken, but all information indicated in the form must be given.
- 2. The nature and extent of the claim should be stated in the spaces provided in sufficient detail to advise the personal representative of the estate of full particulars in order that the validity of the claim may be determined.
- 3. For questions 4, a contingent claim means that the total amount of the claim cannot be determined until a later date.
- 4. For question 5, a secured claim would be determined if there were property or collateral held against the claim.
- 5. An exact copy of this claim must be filed with the Clerk of the Court at the time of filing.

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICAL CIRCUIT, IN AND FOR ST. LUCIE COUNTY, FLORIDA

RE: ES	STATE OF	FILE NO:	
	/ Deceased	Division:	
The same	STATEMENT		
	ndersigned hereby presents for filing against the about		
2.	The name and address of the claimant is:		1 (1) -
	name and address of the claimant's attorney, if any		
3.4.	The amount of the claim is \$		
5.	The claim (is) (is not) secured. If secured, the security consists of:		
	Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.		
	Executed this day of, 20	<u>. </u>	
			Claimant
Copies	s provided to interested parties on	Attorney fo	r Claimant
MICHELLE R. MILLER, CLERK & COMPTROLLER		Florida Bar NoAttomey to	
Ву	Deputy Clerk	Telephone:	