

(Creditor Name, Address, Phone No.)

MONTANA ELEVENTH JUDICIAL DISTRICT COURT, FLATHEAD COUNTY

In the Matter of the Estate of _____ §
§
§ Cause No. _____
§
Deceased. § CREDITOR'S CLAIM
§

Creditor Name: _____

Basis of Claim: _____
(Supporting documentation attached)

Amount of Claim: _____

Date claim due: _____

Nature of uncertainty as to amount of claim and due date, if any: _____

DATED this ____ day of _____, 20__.

Signature

Printed Name

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing document was served upon the person(s) or parties entitled hereto, on _____, 20__ by the method(s) and at the address of:

Name [] US Mail (first class postage)

Address [] Hand Delivery
[] Facsimile

City, State, Zip [] Other: _____

DATED this ____ day of _____, 20__.

Signature