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STATE OF NEBRASKA FORM NO. CC 15:2	STATEMENT OF CLAIM	CASE NUMBER
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IN THE COUNTY COURT OF LANCASTER COUNTY, NEBRASKA

IN THE MATTER OF THE ESTATE OF

STATEMENT OF CLAIM

Claim No. _____

JOHN DOE, Deceased.

TO THE CLERK OF THE COURT:

Claimant of the undersigned is hereby made against this estate, itemized as follows:

Description of Claim	Due Date, if Not Yet Due	Amount
ASSISTED LIVING SERVICES	DUE	\$XXXX.XX

See attached bill or other documentation.

Total Claim: \$XXXX.XX

This claim is:

- Contingent
- Unliquidated and the nature of the uncertainty is: _____
- Secured, and a description of the security is: _____
- Unsecured.

PRESENT THIS CLAIM TO THE COURT

JANE DOE
Signature of Claimant or Authorized Party

GREEN ACRES
Name of Claimant or Authorized Party

111 GREN LANE, GREEN VALLEY, NE 68888
Address of Claimant or Authorized Party

402-555-5555
Telephone Number of Claimant or Authorized Party

402-555-5554
Fax Number of Claimant or Authorized Party