**SUPERIOR COURT OF WASHINGTON**

**FOR** **\_\_\_\_\_\_\_\_\_\_\_ COUNTY**

|  |  |
| --- | --- |
| **Estate of****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** **Deceased.** |  **NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **CREDITOR'S CLAIM** **(RCW 11.40.070)** |

*Claimant's Name:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *and Address:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If Claim made by Claimant's Agent: Agent's Name:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *and Address:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *Nature of Agent's Authority:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Facts and circumstances surrounding the Claim:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Amount of Claim: $* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If Claim is secured, the nature of the security; if not yet due, the date when it will become due; and if contingent, the nature of the uncertainty:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *Claimant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge receipt of this *Creditor's Claim* on *Date:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Administrator

 I allow this *Creditor's Claim* in the amount of $ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 I reject this *Creditor's Claim.*

*Dated:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signed:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Printed Name:* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**