

**SUPERIOR COURT OF WASHINGTON
FOR YAKIMA COUNTY**

In the ESTATE of:

Deceased.

Cause No. _____

CREDITOR'S CLAIM

Of:

(Print Claimant's Name)

RCW 11.40.010 (CRDCLM)

Claimant's Name: _____

Claimant's Address: _____
(PO Box or Street) _____ City _____ State _____ Zip _____

If Claim is made by Claimant's Agent: _____

Agent's Name: _____

Agent's 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: _____

I have attached copies regarding my above statements.

Date: _____

Claimant's Signature: _____

I acknowledge receipt of the Creditor's Claim on Date: _____.

Signature of Personal Representative for Estate

I allow this Creditor's Claim in the amount of \$ _____.

I reject this Creditor's Claim.

Dated: _____

Signature of Personal Representative for Estate

Printed Name of Personal Representative