STATE OF NEBRASKA
CC 15:2 REV 04/2018
Neb. Rev. Stat. § 30-2486

IN THE COUNTY COURT OF _____ COUNTY, NEBRASKA
Choose the county

IN THE MATTER OF THE ESTATE OF Case No. _____

_____,
Deceased.

STATEMENT OF CLAIM
Claim No. _____

TO THE CLERK OF THE COURT:

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

Description of Claim	Due Date, If Not Yet Due	Amount

☐ See attached bill or other documentation.

Total Claim: _____

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

Signature: _____ Date: _____

Printed Name: _____

(Claimant or Authorized Party)

Street Address/P.O. Box: _____

City/State/ZIP Code: _____

Telephone Number: _____

Email address: _____

If completed by an attorney:
Bar Number: _____