IN THE COUNTY COURT OF COUNTY, NEBRASKA

Choose the county

IN THE MATTER OF THE ESTATE OF Case No. _____

_____, Deceased.

RELEASE OF CLAIM

The undersigned claimant acknowledges delivery and receipt on _____ of the following described payment which is the full amount of the claim to which the undersigned claimant is entitled, to wit:

Description of Claim: Amount:

The undersigned claimant releases and forever discharges the personal representative of the estate from all claims and rights whatsoever which the undersigned may have in this estate with respect to such claim.

Signature: _____ Date: _____
Printed Name: _____
Street Address/P.O. Box: _____
City/State/ZIP Code: _____
Telephone Number: _____
Email address: _____

If completed by an attorney:
Bar Number: _____

Witness: _____