NOTICE OF CLAIM AGAINST ESTATE

Date: [Date]

To: [Name of Executor/Administrator]
Estate of: [Name of Deceased]
Address: [Mailing Address of the Estate]

Re: Formal Claim for Debt Owed

To the Personal Representative of the Estate:

Please take notice that [Name of Creditor] (the "Claimant") hereby submits a formal claim against the Estate of [Name of Deceased], who passed away on [Date of Death].

Claim Details:

- **Account Number:** [Account Number, if applicable]
- **Total Amount Due:** $[Dollar Amount]
- **Description of Debt:** [Briefly describe what the debt is for, e.g., medical services, credit card balance, personal loan]
- **Date Debt was Incurred:** [Date]

Enclosed please find supporting documentation regarding this debt, including [List attachments, e.g., invoices, contracts, or statements].

Please acknowledge receipt of this claim and provide notification regarding the allowance or rejection of the claim within the timeframe required by state law. If any additional forms or information are required to process this claim, please contact the undersigned immediately.

Payment should be directed to:

[Name of Creditor/Company]
[Payment Address]
[Phone Number]
[Email Address]

Sincerely,

[Signature]
[Printed Name]
[Title, if representing a company]