

\_\_\_\_\_  
Full Name of Party Submitting This Document

\_\_\_\_\_  
Mailing Address (Street or Post Office Box)

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number

IN THE DISTRICT COURT OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF  
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF \_\_\_\_\_

IN THE MATTER OF THE ESTATE OF:

\_\_\_\_\_,

Deceased.

Case No.: \_\_\_\_\_

CLAIM AGAINST ESTATE  
(I.C.15-3-804)

Claim is made against this estate by \_\_\_\_\_,  
as follows:

Basis of Claim

Amount

(If claim is not yet due, state the date when  
it will become due. If the claim is contingent or  
unliquidated, state the nature of the uncertainty.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

This claim is secured by \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
Claimant Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Typed name, address, and phone number)

AFFIDAVIT OF SERVICE

State of Idaho )  
 ) ss.  
County of \_\_\_\_\_)

I swear I served a copy to: (name all parties in the case other than yourself)

\_\_\_\_\_  
(Name)

By United States Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

By overnight mail/Federal Express

\_\_\_\_\_  
(Name)

By United States Mail

\_\_\_\_\_  
(Street or Post Office Address)

By fax

\_\_\_\_\_  
(City, State, and Zip Code)

By personal delivery

By overnight mail/Federal Express

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public for Idaho  
Residing at: \_\_\_\_\_  
My commission expires: \_\_\_\_\_