

STATE OF MICHIGAN PROBATE COURT COUNTY OF INGTON	STATEMENT AND PROOF OF CLAIM	FILE NO. 00-638-DE
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Estate of MICHAEL V. DOE, Deceased
First, middle, and last name

I, Cathy Doe of 12 Trustworthy Trail, Loyal, MI 49678
Creditor's name Address

submit the following claim against the estate for the sum set forth.*

DESCRIPTION OF CLAIM	AMOUNT
Reimbursement for payment of funeral expense for decedent	5,000.00
Reimbursement for liquor and food for luncheon following funeral	10,000.00
There is now due on the claim, above all legal setoffs, the sum of:	15,000.00

Notice to interested persons: This is a claim by a personal representative for an obligation that arose before the death of the decedent. Upon petition and notice to interested persons, a hearing will be held to determine whether to allow the claim. You may object to the claim before or at the hearing.

I declare under the penalties of perjury that this statement and proof of claim has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Attorney signature		05/15/2018	Date
Able & Honest, Janet S. Able	P10052		
Name (type or print)	Bar no.	Claimant signature	
42 Attorney Road		12 Trustworthy Trail	
Address		Address	
Loyal, MI 49676	(517) 377-7070	Loyal, MI 49678	(715) 377-777
City, state, zip	Telephone no.	City, state, zip	Telephone no.

- * 1. Describe nature of claim or attach a statement. Attach copy of receipt or other evidence of payment if submitted by assignee.
- 2. Claims must be presented either personally or by mail to the fiduciary on or before the last day for presentment of claims. This claim may also be filed with the probate court (see reverse side for proof of service).

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

PROOF OF SERVICE

I served upon Janet M. Smith
Name _____ ,
fiduciary, a copy of this statement and proof of claim on 05/15/2018 by mailing a copy to her at
Date _____ State method and address of service _____
2126 Personal Rep Drive, Loyal, MI 49677 .

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

05/15/2018
Date _____

Signature

ACKNOWLEDGMENT OF SERVICE

Service of the attached statement and proof of claim is acknowledged.

Date

Signature