| Estate of |
|-----------|
|-----------|

То

Dr.

| STATE OF | STATE OF INDIANA, | | : |
|------------|-------------------|--|--------------------------|
| BE | FOR | E the Clerk of the Circuit / Superior Court of said County and State per | sonally appeared |
| | | who being by | me duly sworn, says that |
| (person | filing | ; claim) | |
| the above | e acco | ount, in favor of | |
| | | (name of claimant) | |
| against th | e est | ate of | |

(name of deceased)

deceased, is correct; that no payments have been made thereon except the credits thereon given; that there are no set-offs against the same to his knowledge; that the balance shown in said account, to wit:

| | | DOLLARS, |
|----------------------------------|--------------------|----------|
| (amount of claim) | | |
| is now justly due and owing to | | |
| | (name of claimant) | |
| all of which he verily believes. | | |
| | | |
| | | |
| | (Signature |) |
| | | |
| | | |

Subscribed and sworn to before me, on the _____ day of _____, ____,