

# VERIFICATION OF CLAIM

State of Alabama

Case Number: \_\_\_\_\_

Madison County

Before me, \_\_\_\_\_, a  
Notary Public in and for said county in said state, this day personally  
appeared \_\_\_\_\_  
who being first duly sworn deposes and says that he/she has personal  
knowledge of the correctness of the foregoing claim of \_\_\_\_\_  
\_\_\_\_\_ against the estate of  
\_\_\_\_\_ deceased; that the sum of  
\_\_\_\_\_ dollars is  
justly due thereon after allowing all proper credits.

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

Claimant Address: \_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

**\*\*\*A filing fee of \$11.50 is required for each claim\*\*\***