

# HUNTERDON COUNTY SURROGATE'S COURT

In the Matter of the Estate of

**CLAIM BY CREDITOR**

\_\_\_\_\_, Deceased  
(full name of decedent)

To: Susan J. Hoffman, Hunterdon County Surrogate  
65 Park Avenue, P.O. Box 2900, Flemington, NJ 08822

\_\_\_\_\_  
\_\_\_\_\_  
(name and address of Executor or Administrator)

\_\_\_\_\_, being duly sworn according to law says:  
(name of individual claimant or company)

1. \_\_\_\_\_ is a creditor of the above-captioned estate.
2. Attached is a true copy of the most recent billing to the deceased which shows that the decedent owes as of the date of billing a sum of \_\_\_\_\_.
3. No part of this debt has been paid.

\_\_\_\_\_  
(signature and printed name of claimant/representative)

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

Notary Public of the State of \_\_\_\_\_.

\_\_\_\_\_  
(signature and seal of Notary Public)

**INSTRUCTIONS:**

**Fill out duplicate originals, mail one to personal representative and mail duplicate to the Hunterdon County Surrogate's Court at the above-address. The Court requires a \$5.00 *per page* filing fee payable to Hunterdon County Surrogate.**

CERTIFICATION OF SERVICE

I \_\_\_\_\_, do hereby certify that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served a copy of the foregoing and attached Claim by Creditor to the personal representative at the address stated above by depositing the same in a postpaid, properly addressed wrapper, in an official depository under the exclusive care and custody of the United States Postal Service.

\_\_\_\_\_

(signature and printed name of claimant/representative)