

IN THE MATTER OF THE ESTATE OF \_\_\_\_\_ Case No. \_\_\_\_\_

\_\_\_\_\_  
Deceased.

**RELEASE OF CLAIM**

The undersigned claimant acknowledges delivery and receipt on \_\_\_\_\_ of the following described payment which is the full amount of the claim to which the undersigned claimant is entitled, to wit:

Description of Claim:

Amount:

The undersigned claimant releases and forever discharges the personal representative of the estate from all claims and rights whatsoever which the undersigned may have in this estate with respect to such claim.

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

Printed Name: \_\_\_\_\_

Street Address/P.O. Box: \_\_\_\_\_

City/State/ZIP Code: \_\_\_\_\_

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

Email address: \_\_\_\_\_

If completed by an attorney: Bar Number: _____
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Witness: \_\_\_\_\_