

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>): TELEPHONE NO.: _____ FAX NO.: _____ ATTORNEY FOR (<i>Name</i>): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF (<i>Name</i>): <div style="text-align: right;">DECEDENT</div>	
ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM	
CASE NUMBER:	

NOTE: Attach a copy of the creditor's claim. If allowance or rejection by the court is not required, do not include any pages attached to the creditor claim form.

PERSONAL REPRESENTATIVE'S ALLOWANCE OR REJECTION

1. Name of creditor (*specify*):
2. The claim was filed on (*date*):
3. Date of first issuance of letters:
4. Date of *Notice of Administration*:
5. Date of decedent's death:
6. Estimated value of estate: \$
7. Total amount of the claim: \$
8. ☐ Claim is allowed for: \$ *(The court must approve certain claims before they are paid.)*
9. ☐ Claim is rejected for: \$ *(A creditor has three months to act on a rejected claim. See box below.)*
10. Notice of allowance or rejection given on (*date*):
11. ☐ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act.

Date:

.....
(TYPE OR PRINT NAME)

(SIGNATURE OF PERSONAL REPRESENTATIVE)

- REJECTED CLAIMS:** From the date notice of rejection is given, the creditor must act on the rejected claim (e.g., file a lawsuit) as follows:
- a. **Claim due:** within three months after the notice of rejection.
 - b. **Claim not due:** within three months after the claim becomes due.

COURT'S APPROVAL OR REJECTION

12. ☐ Approved for: \$
13. ☐ Rejected for: \$

Date:

14. Number of pages attached: _____

SIGNATURE OF ☐ JUDGE ☐ COMMISSIONER
☐ SIGNATURE FOLLOWS LAST ATTACHMENT

(Proof of Service on reverse)

ESTATE OF (Name): <div style="border-bottom: 1px solid black; height: 1.2em; width: 90%; margin-top: 5px;"></div>	CASE NUMBER: <div style="border-bottom: 1px solid black; height: 1.2em; width: 90%; margin-top: 5px;"></div>
DECEDENT	

PROOF OF ☐ **MAILING** ☐ **PERSONAL DELIVERY** **TO CREDITOR**

1. At the time of mailing or personal delivery I was at least 18 years of age and **not a party** to this proceeding.

2. My residence or business address is (*specify*):

3. I mailed or personally delivered a copy of the *Allowance or Rejection of Creditor's Claim* as follows (*complete either a or b*):
 - a. ☐ **Mail.** I am a resident of or employed in the county where the mailing occurred.
 - (1) I enclosed a copy in an envelope AND
 - (a) ☐ **deposited** the sealed envelope with the United States Postal Service with the postage fully prepaid.
 - (b) ☐ **placed** the envelope for collection and mailing on the date and at the place shown in items below following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
 - (2) The envelope was addressed and mailed first-class as follows:
 - (a) Name of creditor served:
 - (b) Address on envelope:

 - (c) Date of mailing:
 - (d) Place of mailing (*city and state*):

 - b. ☐ **Personal delivery.** I personally delivered a copy to the creditor as follows:
 - (1) Name of creditor served:
 - (2) Address where delivered:

 - (3) Date delivered:
 - (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....
 (TYPE OR PRINT NAME OF DECLARANT)



 (SIGNATURE OF DECLARANT)