

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA**  
**PROBATE DIVISION**

\_\_\_\_\_ NRT \_\_\_\_\_  
\_\_\_\_\_ ADM \_\_\_\_\_

Trust of

\_\_\_\_\_

Settlor

Estate of

\_\_\_\_\_

Deceased

**CLAIM AGAINST REVOCABLE TRUST**

The claimant named below certifies that

The claimant makes claim for \_\_\_\_\_

The claimant makes claim for costs of administration of the settlor decedent's estate in the amount of \$\_\_\_\_\_ for \_\_\_\_\_

The claimant makes claim for the expenses of the settlor decedent's funeral and disposal of remains in the amount of \$\_\_\_\_\_.

The claimant makes claim for the homestead allowance or a portion thereof in the amount of \$\_\_\_\_\_, as provided by D.C. Code, sec. 19-101.02.

The claimant makes claim for the family allowance, or a portion thereof in the amount of \$\_\_\_\_\_, as provided by D.C. Code, sec. 19-101-04.

The claimant makes claim for the exempt property allowance, or a portion thereof in the amount of \$\_\_\_\_\_, as provided by D.C. Code, sec. 19-101.03.

This claim is also a claim against the settlor decedent's estate, estate number \_\_\_\_\_ ADM \_\_\_\_\_. (Note that two claim forms must be filed.)

Decedent died on \_\_\_\_\_ and was a resident of \_\_\_\_\_.  
(date of death)

On behalf of the claimant named below, I do solemnly declare and affirm under penalty of law that the contents of the foregoing document are true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature of claimant or person authorized to make verification on behalf of claimant

\_\_\_\_\_  
Address (actual address/not Post Office Box)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Bar Number (if filer is an attorney)

I hereby certify that I have delivered or mailed, return receipt requested, a copy hereof to  
\_\_\_\_\_, Trustee of the revocable trust of  
\_\_\_\_\_, this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Claimant

All claims presented to the Register of Wills must be accompanied by check or money order in the amount of \$5.00, payable to the "Register of Wills."