STATE OF HAWAI'I CIRCUIT COURT OF THE THIRD CIRCUIT	CREDITOR'S CLAIM	CASE NUMBER P. No.

THE ESTATE OF

DECEASED

CLAIMANT'S NAME, ADDRESS, AND TELEPHONE NO.	AMOUNT OF CLAIM PER CERTIFIED STATEMENT ATTACHED

STATE OF HAWAI'I)
) SS
CITY & COUNTY OF)

Affiant being first duly sworn, on oath deposes and says; that affiant makes this claim in the capacity stated below; that the foregoing claim amounting to the sum indicated against the estate of the above named deceased is justly due and owing. No payments have been made which have not been credited and that there are no offsets against the claim, to the knowledge of this affiant.

AFFIANT'S NAME AND TITLE	SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS DATE:	NOTARY PUBLIC/CLERK STATE OF HAWAI'I	MY COMMISSION EXPIRES:	FOR COURT USE ONLY

In accordance with the Americans with Disabilities Act and other applicable state and federal laws, if you require a reasonable accommodation for a disability, please contact the ADA Coordinator at the Circuit Court Administration Office at PHONE NO. 961-7440, FAX 961-7416, or TTY 961-7525 at least ten (10) working days prior to your hearing or appointment date.