ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):*

TELEPHONE NO.: FAX NO. *(Optional):*

E-MAIL ADDRESS *(Optional):*

ATTORNEY FOR *(Name):*

To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY AND ZIP CODE:

BRANCH NAME:

ESTATE OF

(Name):

DECEDENT

CASE NUMBER:

ALLOWANCE OR REJECTION OF CREDITOR'S CLAIM

NOTE TO PERSONAL REPRESENTATIVE

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

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 90 days 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 OF PERSONAL REPRESENTATIVE) (SIGNATURE OF PERSONAL REPRESENTATIVE)

NOTICE TO CREDITOR ON REJECTED CLAIM

From the date that notice of rejection is given, you must act on the rejected claim (e.g., file a lawsuit) as follows:

1. **Claim due:** within 90 days* after the notice of rejection.
2. **Claim not due:** within 90 days* after the claim becomes due.

***The 90-day period mentioned above may not apply to your claim because some claims are not treated as creditors' claims or are subject to special statutes of limitations, or for other legal reasons. You should consult with an attorney if you have any questions about or are unsure of your rights and obligations concerning your claim.**

COURT'S APPROVAL OR REJECTION

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

Date:

SIGNATURE OF JUDICIAL OFFICER

14. Number of pages attached: _____

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

(Proof of Mailing or Personal Delivery on reverse)

Form Adopted for Mandatory Use
Judicial Council of California
DE-174 [Rev. January 1, 2009]

Probate Code § 9000 et seq., 9250–9256, 9353
www.courtinfo.ca.gov

American LegalNet, Inc.
www.Forms*Workflow*.com

ESTATE OF *(Name):* DECEDENT	CASE NUMBER:

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)

Print This Form

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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