

IN THE ORPHANS' COURT FOR  
(OR) \_\_\_\_\_, MARYLAND  
BEFORE THE REGISTER OF WILLS FOR  
IN THE ESTATE OF:

ESTATE NO: \_\_\_\_\_

## NOTICE OF DISALLOWANCE

Your claim has been allowed in the amount of \$ \_\_\_\_\_ and disallowed in the amount of \$ \_\_\_\_\_. Your claim in the amount disallowed will be forever barred unless within 60 days after the mailing of this notice you file a petition for allowance of the disallowed amount in the Orphans' Court or a suit against the personal representative.

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Personal Representative

\_\_\_\_\_  
Personal Representative

## CERTIFICATE OF SERVICE

I certify that the disallowance of claim was mailed, postage prepaid

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to

\_\_\_\_\_, claimant, at

\_\_\_\_\_.

\_\_\_\_\_  
Personal Representative/Attorney

\_\_\_\_\_  
Name(printed)

\_\_\_\_\_  
Address

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