**Form 18.**

[Caption]

AFFIDAVIT TO CLAIM AGAINST ESTATE

I, \_\_\_\_\_\_\_\_\_\_\_\_, do swear that the attached claim against the estate of \_\_\_\_\_\_\_\_\_\_\_\_, deceased, is correct, that nothing has been paid or delivered toward the satisfaction of the claim except as noted, that there are no offsets to this claim, to the knowledge of this affiant, except as therein stated, and that the sum of \_\_\_\_\_\_\_\_ Dollars ($ \_\_\_\_\_\_\_\_) is now justly due (or will or may become due as stated). I further state that if this claim is based upon a written instrument, a true and complete copy, including all endorsements, is attached.

Date: \_\_\_\_\_\_\_\_\_, \_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Signature]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Print Name]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Address] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Telephone Number]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Email Address]

[Affidavit]

**Reporter's Note to Form 18:** *See* Ark. Code Ann. §§ 28-50-103 - 28-50-104. If this affidavit is made by a corporation, organization, or anyone other than an individual in his or her own behalf, the representative capacity of the affiant must be clearly stated in the first line in the form and below the signature line. An affidavit is required by Ark. Code Ann. § 28-50-103(a). **Note (2019):** The form was revised to provide for contact information.