



# Office of the Fiduciary Supervisor

Kanawha County Commission

P.O. Box 3627, Charleston, WV 25336

(304) 357-0125

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## Release for Claim Against Decedent's Estate

State of: \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

This day personally appeared before me, the undersigned authority in and for the County and State aforesaid, \_\_\_\_\_ (**Signee for Claimant**), who being by me first duly sworn, deposes and says that the claim filed by \_\_\_\_\_ (**Claimant Business/Company**) for the amount of \$ \_\_\_\_\_ is hereby released against the Estate of \_\_\_\_\_ (**Decedent**), said claim having been paid in full.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signee for Claimant)

Taken, subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)