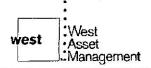
## IN THE CIRCUIT COURT FOR PALM BEACH COUNTY, FLORIDA

IN RE: ESTATE	E OF PROBATE DIVISION
SIMON BERNS	TEIN File Number 502012CP004391XXXXSB
Deceased.	Division PROBATE
STATEM	MENT OF CLAIM BY WEST ASSET MANAGEMENT, INC. for AMERICAN EXPRESS
The uncalleges:	dersigned hereby presents for filing against the above estate this statement of claim and
1.	The basis for the claim is Account #
2. the name and ad MERCY RD, P	The social security or tax identification number of the claimant is
are as set forth b	pelow.
3. become due on	The amount of the claim is \$ 34,215.15 which amount is now due, or, if not all, will
4.	The claim (is) (is not) contingent or unliquidated. If contingent or unliquidated, the
nature of the und	certainty is The claim is not contingent or unliquidated.
5.	The claim (is) (is not) secured. If secured, the security consists of  The claim is () secured (X) not secured.
the best of my ki	penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to nowledge and belief.  on January 04, 2013
Signed	LOM D Delw
	Claimant
Attorney for Cla	aimant
	Copy mailed to attorney for the Personal Representative on 01-04-2013
7171 MERCY R	R <u>D.</u> CLER <b>K-</b> OF THE CIRCUIT COURT
PO BOX 6183 OMAHA, NE 6	
×	(address)
Telephone: 1-80	00-878-3317 By: SUSAL TO FULL
MUST BE FILED IN DUPLICATE	

[Print or Type Names Under All Signature Lines]

Bar Form No. P-3.1010 © Florida Lawyers Support Services, Inc.



7171 Mercy Road : PO Box 6183 : Omaha, NE 68106-0183 : : 1-800-878-3317

01-04-2013

Reference:

Enclosed claim by West Asset Management, Inc. for

Client Name

AMERICAN EXPRESS

Client Account Number

\$34,215.15

**Balance Owing** 

Regarding:

Decedent's Name

Estate / Docket Number

Date of Death

Social Security Number

SIMON BERNSTEIN

502012CP004391XXXXSB

09-13-2012