

COURT OF PROBATE
[Type or print in black ink.]

TO: COURT OF PROBATE, DISTRICT OF	DISTRICT NO.
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ESTATE OF	FIDUCIARY
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INITIAL RETURN AND LIST OF CLAIMS SUBSTITUTE OR CORRECTED SUPPLEMENTAL

THE FIDUCIARY HEREBY CERTIFIES that the names and addresses of all creditors who were notified by certified or registered mail in accordance with C.G.S. §45a-357(a) are attached hereto and made a part hereof.
THE FIDUCIARY HEREBY CERTIFIES that all claims exhibited to the fiduciary against said estate are set forth below.

CLAIMANT AND ADDRESS OF CLAIMANT	DESCRIPTION OF CLAIM <i>[If disallowed in whole or in part, indicate total amount claimed and date of written disallowance.]</i>	AMOUNT ALLOWED
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
		\$0.00
	TOTAL	\$0.00

The representations contained herein are made under the penalties of false statement.

Date:

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Fiduciary: