

# AFFIDAVIT OF SMALL ESTATE

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STATE OF \_\_\_\_\_  
 \_\_\_\_\_ [COUNTY] OF \_\_\_\_\_ [STATE]  
 IN RE THE ESTATE OF \_\_\_\_\_ [DECEDENT NAME]

I, \_\_\_\_\_, make the following affidavit under oath.

The decedent's name is \_\_\_\_\_ ("Decedent"). Immediately prior to the Decedent's death, the Decedent's primary residence was at \_\_\_\_\_ [Address].

The Decedent passed away on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ [City], \_\_\_\_\_ [State]. A copy of the death certificate is attached.

The filing of this affidavit in this court is proper because the Decedent (Check one)  died in the State of \_\_\_\_\_  resided in State of \_\_\_\_\_ immediately prior to the Decedent's death.

The following are true, to the best of my knowledge, with respect to the Decedent's estate:

1. This affidavit is filed more than \_\_\_\_\_ (Check one)  days  months  years after the Decedent's death. (Check the state's rules on the wait time period)
2. The gross fair market value of the Decedent's estate, as defined in Section \_\_\_\_\_ of the State of \_\_\_\_\_ Probate Code does not exceed \$ \_\_\_\_\_ [State's maximum value of small estate].
3. No proceeding has been commenced for administration of the Decedent's estate.
4. **Funeral Expenses** (Check one)

- All of the Decedent's funeral expenses have been paid.
- The following amounts remain to be paid in connection with the Decedent's funeral expenses:

Name	Address	Amount Owed	Description
		\$	
		\$	
		\$	
		\$	
		\$	



**5. Claims** (Check one)

Except as listed above in connection with funeral expenses (if any), there are NO claims against the estate of which I am aware.

The following are the only claims against the estate of which I am aware:

Name	Address	Claim Amount	Description
		\$	
		\$	
		\$	
		\$	
		\$	

6. If and to the extent any money is owed to the Department of Health and Human Services in connection with Medicaid benefits have been either paid or provided for.

7. The Decedent died with (Check one)  no will  a will.

**8. Heirs** (Check one)

There are NO surviving relatives.

The Decedent is survived by the following relatives:

Name	Address	Age	Relationship to Decedent

9. The following are the Decedent's real property assets and the person(s) to whom they are to be distributed. No other party has a claim on any of the following assets.

Real Property Description	Value	Recipient Name
	\$	
	\$	
	\$	
	\$	
	\$	

The total value of these real property assets is \$\_\_\_\_\_.



10. The following are the Decedent's personal property assets, excluding motor vehicles, and the person(s) to whom they are to be distributed to. No other party has a claim on any of the following assets.

Personal Property Description	Value	Recipient Name
	\$	
	\$	
	\$	
	\$	
	\$	

The total value of these personal property assets is \$\_\_\_\_\_.

11. The following are the Decedent's motor vehicles and the person(s) to whom they are to be distributed to. No other party has a claim on any of the following assets.

Make	Model	Year	Value	Recipient Name
			\$	
			\$	
			\$	
			\$	
			\$	

The total value of these motor vehicles is \$\_\_\_\_\_.

12. The total value of all assets described in Sections 9-11 is \$\_\_\_\_\_.

My address is \_\_\_\_\_.

My mailing address is \_\_\_\_\_.

My telephone number is \_\_\_\_\_.

My relationship to the Decedent is that of a/an (Check one)  attorney  relative  heir  friend  
 other: \_\_\_\_\_.



I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF \_\_\_\_\_  
THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE

\_\_\_\_\_  
Name:



STATE OF \_\_\_\_\_  
\_\_\_\_\_ [COUNTY] OF \_\_\_\_\_ [STATE]

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within Affidavit and acknowledged to me that he/she executed the same in his/her authorized capacity, and who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters states herein are true to the best of his/her information, knowledge and belief.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public (Notary Seal)

