

**AFFIDAVIT OF DEATH
FOR DISTRIBUTION OF DECEDENT'S PROPERTY**

PREPARED BY: _____)
 _____)
 _____)
 _____,)
 _____)
 _____)

AFTER RECORDING RETURN TO: _____)
 _____)
 _____)
 _____,)
 _____)
 _____)

ABOVE SPACE FOR RECORDER'S USE

STATE OF _____)
 COUNTY OF _____) **ss.**

I, _____, being of the legal age of consent, being duly sworn, depose and state that I wish to claim property of the deceased, _____, whose social security number is _____ and who was a resident of the state of _____ at the time of death on _____.

The value of the decedent's entire estate subject to probate, wherever located, less liens and encumbrances, does not exceed the amount of _____, and at least _____ days have elapsed since the decedent's death. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

All debts of the decedent, including funeral and burial expenses and all unsecured debts, have been paid or provided for.

THEREFORE, I am claiming the following portions of the decedent's following property:

All of the property noted above shall be subject to probate.

I have personally served or mailed written notice to all other successors of the decedent identifying my claim and describing the property claimed. At least ten (10) days have passed since the service and/or mailing of such notice. Thus, I am entitled to full payment and/or delivery of the property claimed on my behalf, and on the behalf of any other successor from whom I have attached to this affidavit a written authorization.

DULY SWORN AND AUTHORIZED, I certify under penalty of perjury under _____ law that the contents of the aforementioned Affidavit are true and correct to the best of my knowledge.

(PETITIONER SIGNATURE)

(DATED)

STATE OF _____)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me on _____ by
_____, the "Petitioner," personally
appearing before me to execute the foregoing instrument.

Witness my hand and official seal.

(Notary Public Signature)

(Notary Printed Name)

My Commission Expires: _____

DOCUMENT TIPS

Please note that in order to file this document, you must also complete the following:

- ✓ Please remember to add the Social Security number of the decedent to this affidavit. For security purposes, please write it on your completed document.
- ✓ Please remember that this affidavit must be notarized.
- ✓ Prior to the filing of this affidavit, notices must be sent to heirs, successors or assigns of the Decedent notifying them of your intents.
- ✓ Please verify that no other Personal Representative claim has been filed or decreed for the Decedent's estate.
- ✓ Please confirm that the value of the estate you are claiming does not exceed the maximum total value of estate allowable on this affidavit pursuant to state law.
- ✓ Please ensure that this affidavit is not filed prior to the mandatory waiting period after the Decedent's death determined by your state.