**SMALL ESTATE AFFIDAVIT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **)** |  |
|  | **)** | **ss.** |
| **COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **)** |  |

By signing this Affidavit, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, swear or affirm under penalty of perjury that the following statements and contents are true and correct.

***DECEDENT INFORMATION:***

|  |  |
| --- | --- |
| **Decedent Name:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date of Death:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Place of Death:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

An original copy of the Decedent's death certificate is herein attached.

At the time of death, the Decedent resided at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall have jurisdiction in this matter, as the Decedent resided within this jurisdiction prior to death.

***WAITING PERIOD TO FILE:***

More than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ days have passed since the Decedent's date of death.

***RELATIONSHIP:***

My relationship to the Decedent is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***ESTIMATED VALUE OF ESTATE:***

The total estimated value of all the Decedent's personal property in the Decedent's estate, wherever it shall be located, minus any liens or encumbrances on the property, is not greater than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***PERSONAL REPRESENTATIVE:***

To the best of my knowledge, no one has filed an Application or Petition for Appointment of a Personal Representative and no Application or Petition has been granted in any state.

***ENTITLEMENT:***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am claiming successor to the estate of the Decedent and that I am entitled to payment or delivery of the items listed below, as I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Decedent.

In the event that the Decedent passed leaving a Last Will and Testament, a copy of said Last Will and Testament shall be attached. If there is no Last Will and Testament attached hereto, then the Decedent passed intestate.

Those having equal or greater right than I have to the property did assign their entire interests in the estate to me, which shall be proven by the copy of the documents they signed to this effect herein attached to this Affidavit.

***DESCRIPTION OF PROPERTY:***

The Decedent owned the following real estate and/or personal property:

|  |  |  |
| --- | --- | --- |
| **PROPERTY DESCRIPTION** | **VALUE** | **PROPERTY LOCATION** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **ESTATE TOTAL VALUE:** | **$0.00** |   |

This Affidavit is being made for the purpose of making a claim to the estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the Decedent.

***OATH OR AFFIRMATION:***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge. I have provided required written notice delivered by personal service and/or certified mail, detailing my claim and thus describing the property being claimed, to every individual with successor rights to the Decedent's property that is equal to or superior to mine, and at least ten (10) days have elapses since said notice was served and/or mailed.

|  |  |
| --- | --- |
|    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(AFFIANT SIGNATURE) |    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DATE SIGNED)  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |   |
|  (AFFIANT NAME)  |   |

**WITNESSES**

SUBSCRIBED AND SWORN TO BEFORE ME by

|  |  |  |
| --- | --- | --- |
| **STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **)** |  |
|  | **)** | **ss.** |
| **COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **)** |  |

Sworn to and Affirmed before me on this date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
|   |   |   |
| (Signature of Notary Public) |   | (Date Signed) |
|   |   |   |
| My Commission expires: |   |   |
|    |   |   |

NO.

|  |  |  |
| --- | --- | --- |
| ESTATE OF | )( | IN THE PROBATE COURT |
|   | )( |   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | )( | NUMBER \_\_\_\_\_ |
|   | )( |   |
| DECEASED | )( | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

ORDER AND APPROVAL FOR JUDGE ON SMALL ESTATE AFFIDAVIT

The foregoing affidavit of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the Estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, deceased, is found to conform to applicable state statute and has been examined and is approved by the Court on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Judge Presiding

**DOCUMENT TIPS**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 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.
* Payment of the Decedent's liabilities must be made prior to disbursing of any proceeds from the Decedent's Estate.