SMALL ESTATE AFFIDAVIT

1. 1. Caption and Jurisdiction

STATE OF [STATE], COUNTY OF [COUNTY], ss. SMALL ESTATE AFFIDAVIT FOR COLLECTION OF PERSONAL PROPERTY. This affidavit is made under the small estate or summary administration provisions of the law of the State of [STATE], and is presented to [HOLDER OF PROPERTY NAME, e.g., the financial institution, employer, insurer, or transfer agent named in Section 7] for the purpose of collecting the property of the decedent described below. If a court filing is required in your state, the caption is: [COURT NAME], In the Matter of the Estate of [DECEDENT FULL NAME], Deceased, Case No. [CASE NUMBER].

2. 2. Identification of the Affiant

I, [AFFIANT FULL LEGAL NAME], date of birth [DATE OF BIRTH], residing at [STREET ADDRESS], [CITY], [COUNTY] County, State of [STATE], telephone [PHONE], email [EMAIL], being first duly sworn, state as follows. I am over eighteen years of age, of sound mind, and competent to make this affidavit. My relationship to the decedent is [RELATIONSHIP, e.g., surviving spouse, adult child, parent, sibling, named beneficiary, creditor, or person nominated as executor in the will]. I am a successor of the decedent entitled to make this affidavit under the law of the State of [STATE], and I make it on my own behalf and, where applicable, on behalf of the other successors listed in Section 8.

3. 3. Identification of the Decedent

The decedent is [DECEDENT FULL LEGAL NAME], also known as [OTHER NAMES USED BY THE DECEDENT], date of birth [DECEDENT DATE OF BIRTH], Social Security number ending in [LAST FOUR DIGITS]. The decedent died on [DATE OF DEATH] at [PLACE OF DEATH], and at the time of death resided at [DECEDENT LAST ADDRESS], [CITY], [COUNTY] County, State of [STATE]. A certified copy of the death certificate, issued by [ISSUING AUTHORITY] on [CERTIFICATE DATE], is attached to this affidavit as Exhibit A. The decedent was [MARITAL STATUS AT DEATH: married to [SURVIVING SPOUSE NAME] / unmarried / widowed / divorced] and was domiciled in the State of [STATE] at death.

4. 4. Waiting Period and Status of Probate

At least [WAITING PERIOD, e.g., 30] days have passed since the death of the decedent, as required by the law of the State of [STATE] before this affidavit may be presented. To the best of my knowledge, no application or petition for the appointment of a personal representative, executor, or administrator of the estate of the decedent is pending or has been granted in any jurisdiction, and no probate proceeding of any kind is open. If a personal representative was appointed and has since been discharged, the details are: [APPOINTMENT AND DISCHARGE DETAILS]. I have made a reasonable search for any pending proceeding, including inquiring in the county of residence of the decedent, and I will notify the holder immediately if I learn that a proceeding has been commenced.

5. 5. Statement Regarding the Will

Select the applicable statement. [ ] The decedent died without a will, and the persons entitled to the property are the heirs at law determined under the intestacy statutes of the State of [STATE]. [ ] The decedent left a will dated [DATE OF WILL], a copy of which is attached as Exhibit B, and the original [ ] has been filed with the [COURT NAME] on [FILING DATE] as required by the law of the State of [STATE] / [ ] is in my possession and will be filed as required. The persons entitled to the property described in Section 7 under that will are listed in Section 8. I am not aware of any later will, codicil, or testamentary document, and I am not aware of any person contesting

the will or claiming a right to the property other than those listed in Section 8.

6. 6. Value of the Estate

The total value of the entire estate of the decedent subject to administration, wherever located, less liens and encumbrances, does not exceed [DOLLAR THRESHOLD] as of the date of death, which is the maximum permitted for the use of this affidavit under the law of the State of [STATE]. The estimated value of the property subject to this affidavit is [TOTAL ESTATE VALUE], calculated as follows: [ITEMIZED VALUES BY ASSET]. In calculating this amount I have [ ] excluded / [ ] included real property in accordance with the law of the State of [STATE], and I have excluded assets that pass outside the estate, including [EXCLUDED ASSETS, e.g., property held in joint tenancy with right of survivorship, accounts with a payable-on-death or transfer-on-death designation, life insurance and retirement accounts with a named beneficiary, and assets held in a trust]. The value of any real property owned by the decedent is [REAL PROPERTY VALUE], with legal description [LEGAL DESCRIPTION, IF APPLICABLE]. I understand that the dollar threshold, what counts toward it, and how value is measured are set by the State of [STATE] and that exceeding the threshold makes this affidavit ineffective.

7. 7. Description of the Property Claimed

I request delivery, payment, or transfer of the following property of the decedent: ASSET 1: [DESCRIPTION, e.g., checking account at [INSTITUTION NAME], account number ending in [LAST FOUR DIGITS]], approximate value [VALUE]. ASSET 2: [DESCRIPTION, e.g., final wages and accrued paid leave owed by [EMPLOYER NAME]], approximate value [VALUE]. ASSET 3: [DESCRIPTION, e.g., refund from [PAYOR], uncashed check number [NUMBER], the contents of safe deposit box number [NUMBER] at [INSTITUTION], a motor vehicle described as [YEAR, MAKE, MODEL, VIN]], approximate value [VALUE]. ASSET 4: [ADDITIONAL PROPERTY]. No other person has a superior right to this property, and I am entitled to receive it as a successor of the decedent under the law of the State of [STATE].

8. 8. Other Successors and Their Shares

The persons entitled to share in the property described in Section 7, together with their relationship to the decedent and their share, are: SUCCESSOR 1: [FULL NAME], [RELATIONSHIP], [ADDRESS], share [PERCENTAGE OR FRACTION]. SUCCESSOR 2: [FULL NAME], [RELATIONSHIP], [ADDRESS], share [PERCENTAGE OR FRACTION]. SUCCESSOR 3: [FULL NAME], [RELATIONSHIP], [ADDRESS], share [PERCENTAGE OR FRACTION]. Each successor listed above [ ] has signed this affidavit or a written consent attached as Exhibit C / [ ] has been given written notice of this affidavit on [NOTICE DATE] in the manner required by the law of the State of [STATE]. There are no other persons who have a right to succeed to the property of the decedent, and no minor or incapacitated successor is listed except as follows: [MINOR OR INCAPACITATED SUCCESSORS AND THE PERSON ACTING FOR THEM].

9. 9. Debts, Taxes, and Funeral Expenses

The known debts of the decedent, including the expenses of the last illness and of the funeral and disposition of remains, are: [CREDITOR NAME AND AMOUNT], [CREDITOR NAME AND AMOUNT], [ADDITIONAL DEBTS], totaling approximately [TOTAL DEBTS]. Funeral and burial or cremation expenses in the amount of [FUNERAL EXPENSES] have been [ ] paid in full by [PAYOR NAME] / [ ] not yet paid. I will apply the property collected under this affidavit first to the payment of the funeral expenses, the expenses of the last illness, and other claims entitled to priority under the law of the State of [STATE], and then to the distribution to the successors listed in Section 8. Any state or federal tax owed by the decedent, including a final income tax return for the year of death and any estate or inheritance tax due to the State of [STATE], will be paid from the estate before distribution. The decedent [ ] did / [ ] did not receive medical assistance or long-term care benefits that may give

rise to a state recovery claim.

10. 10. Demand for Delivery and Protection of the Holder

I request that the holder of the property described in Section 7 pay, deliver, or transfer that property to me under the small estate provisions of the law of the State of [STATE]. Under those provisions, a person who pays, delivers, or transfers property in good faith reliance on a properly executed small estate affidavit is discharged and released to the same extent as if the transfer had been made to a duly appointed personal representative of the estate, and is not required to inquire into the truth of the statements made here or to see to the application of the property. Any person to whom payment or delivery is made is answerable and accountable for it to any personal representative later appointed and to any other person having a superior right. I request that the property be delivered by [DELIVERY METHOD, e.g., check payable to the affiant, wire transfer, or release of physical items] to [DELIVERY ADDRESS OR ACCOUNT].

11. 11. Undertaking of the Affiant

I agree that I am personally responsible and accountable for the property I receive under this affidavit. I will use it first to pay the debts, expenses, and taxes described in Section 9 in the order of priority set by the law of the State of [STATE], and I will then distribute the remainder to the persons entitled to it in the shares stated in Section 8. I will indemnify and hold harmless the holder of the property against any loss, claim, or expense, including reasonable attorney fees, arising from the delivery of the property to me in reliance on this affidavit. I understand that I remain liable to any personal representative later appointed, to any creditor with a valid claim, and to any successor with a superior right, and that a court may require me to account for what I received. I have attached a certified copy of the death certificate and [OTHER REQUIRED ATTACHMENTS, e.g., identification, proof of relationship, the will, written consents of the other successors].

12. 12. Declaration, Signature, and Notarization

I declare under penalty of perjury under the laws of the State of [STATE] that the foregoing is true and correct, and I understand that a false statement in this affidavit may subject me to criminal prosecution and to personal liability to the estate, its creditors, and its successors. Executed on [DATE] at [CITY], [STATE]. AFFIANT: Signature: _____. Printed Name: [AFFIANT FULL LEGAL NAME]. Address: [ADDRESS]. Telephone: [PHONE]. ADDITIONAL SUCCESSOR SIGNING (if your state requires all successors to sign): Signature: _____. Printed Name: [NAME]. Date: [DATE]. NOTARY: STATE OF [STATE], COUNTY OF [COUNTY]. Subscribed and sworn to before me on [DATE] by [NAMES OF PERSONS APPEARING], who presented [FORM OF IDENTIFICATION]. Notary Public: _____. My commission expires: [EXPIRATION DATE]. [Seal].

13. Disclaimer

This template is provided for general informational purposes only and is not legal advice. Small estate procedures are creatures of state law and differ more widely than almost any other document in this directory: the dollar threshold ranges from a few thousand dollars in some states to well over one hundred thousand in others, the waiting period after death commonly runs from roughly ten to sixty days, and states disagree on whether real property counts toward the limit, whether all successors must sign, whether the affidavit must be filed with a court or simply presented to the holder, and whether a mandatory state form must be used instead of a generic one. Signing this affidavit makes you personally accountable for paying valid debts and distributing correctly. If the estate includes real property, a business, an unpaid creditor with a large claim, a disputed will, a minor or incapacitated heir, or possible state recovery for medical assistance benefits, consult a licensed probate attorney in the state where the decedent lived. Use of this template does not create an attorney-client relationship with

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