SMALL ESTATE AFFIDAVIT FORM

This Small Estate Affidavit Form ("Affid	avit") is executed on the
	_ day of
20	, by the undersigned Affiant(s) for the purpose of
expediting the transfer of the estate of	, deceased
("Decedent"), to the heirs or beneficiaries	without the need for a formal probate process,
pursuant to applicable state laws governing	ng small estates.
1. Affiant Information:	
- Name:	
- Address:	
- Phone:	
- Email:	
2. Decedent Information:	
- Name:	
- Date of Death:	day of
	_ , 20
- Last Known Address:	
3. Estate Information:	
- Total Value of Estate: \$	
- Description of Estate Assets:	

4. Heirs or Beneficiaries:
- Name:
- Relationship to Decedent:
- Address:
5. Affidavit Statements:
a. The total value of the Decedent's estate does not exceed the statutory limit for small estates.
b. No application or petition for the appointment of a personal representative is pending or has
been granted in any jurisdiction.
c. The Affiant(s) is/are entitled to payment or delivery of the property of the Decedent as
described herein.
d. The Affiant(s) will distribute the Decedent's estate according to the laws of intestate
succession or the Decedent's will, if applicable.
e. The Affiant(s) affirm that all debts, including funeral expenses, taxes, and other liabilities of
the Decedent, have been paid or otherwise provided for.
6. Governing Law:
This Affidavit shall be governed by and construed in accordance with the laws of the State of
•
7. Severability:
If any provision of this Affidavit is held to be invalid or unenforceable, the remaining
provisions shall continue in full force and effect.
8. Entire Agreement:
This Affidavit constitutes the entire agreement between the parties with respect to the subject

9. Notices:

Any notices required or permitted under this Affidavit shall be in writing and shall be deemed

matter hereof and supersedes all prior agreements and understandings, whether written or oral.

delivered when delivered in person, sent by e	mai	l, or mailed by	certified or registered mail,
return receipt requested, to the addresses prov	vide	d herein.	
10. Amendment:			
This Affidavit may only be amended or mo	odifi	ed by a written	agreement signed by all parties.
11. Termination:			
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This Affidavit shall terminate upon the con	nple	ete distribution	of the Decedent's estate as
described herein.			
12. Signatures:			
12. Signatures.			
Affiant Signature:			
Date:			
		•	
Print Name:			
Witness Signature:			
Date:		day of	
	20 _		
Print Name:			
Notary Public:			
Date:		_ day of	
	20 _		
Commission Expires:			day of
	20		

IN WITNESS WHEREOF, the undersigned has executed this Affidavit as of the date first above

written.