

Prepared By:

Return To:

Affidavit of Small Estate

STATE OF _____

COUNTY OF _____

I, _____, upon oath state:

- a. My mailing address is:
- b. My residential address is:
- c. My telephone number is:
- d. I am a successor of the Decedent's estate am at or over the age of majority and am legally competent in all respects to make this affidavit.

e. I am the executor of the Decedent's will.

DECEDENT'S INFORMATION

- a. The Decedent's full name is:
- b. The date of the Decedent's death was:
- c. The Decedent's place of death was:
- d. At least 30 days have elapsed since the death of the Decedent.
- e. The Decedent's place of residence immediately before death was:
- f. No letters of office are now outstanding on the Decedent's estate, and no petition for the appointment of a personal representative has been granted or is pending in _____ or in any other State to my knowledge.
- g. This court has jurisdiction in this matter, because the Decedent resided in this State prior to death.

DECEDENT'S ESTATE VALUE;

DECEDENT'S FUNERAL EXPENSES:

All of the Decedent's funeral expenses have been paid.

MEDICAID ESTATE RECOVERY ACT:

All money owed, if any, to the Department of Health & Human Services as a result of payment for benefits for Medicaid have been paid or provided for.

DECEDENT'S CREDITOR CLAIMS:

There is no known unpaid claimant or contested claim against the Decedent, except as stated in the section entitled "Decedent's Funeral Expenses."

SIGNED _____