

IN THE CIRCUIT COURT OF THE STATE OF OREGON

In the Matter of the Estate of:

(PRINT Name of Deceased)

Case No. _____

**AFFIDAVIT OF CLAIMING
SUCCESSOR**
(Small Estate Affidavit)

Filing Fee: \$124 (ORS 21.145(5))

I swear or affirm that the following statements are true:

1. **The affiant:** My name and address are:

I have authority to file this affidavit because: *(check at least one that applies)*

- I am heir of the decedent, and the decedent left no will.
- I am a devisee of the decedent under the decedent's will.
- I am named the personal representative under the decedent's will.
- I am a creditor and have not paid the full amount owed to me within 60 days of the date of the decedent's death. **Creditors must check the box that applies:**
 - The decedent died intestate and without heirs, I have attached written authorization from the Department of State Lands allowing me to file this small estate proceeding, **or**
 - Authorization from the Department of State Lands is not required because the decedent died testate or left heirs.

2. **The decedent:**

Name: _____

Age: _____

Address: _____

Date of Death: _____

Place of Death: _____

A certified copy of the death record is attached.

3. **The decedent's estate.** The following property is in the decedent's estate:

<u>Real Property</u> (Land, house, rental property, etc.) <i>[attached a legal description – required]</i>	<u>Fair Market Value</u> <i>[maximum total value \$200,000]</i>
_____	_____
_____	_____
_____	_____
Total all Real Property: \$ _____	

<u>Personal Property</u> <i>[PERS accounts, bank accounts, jewelry]</i>	<u>Fair market Value</u> <i>[maximum total value \$75,000]</i>
_____	_____
_____	_____
_____	_____
_____	_____
Total all Personal Property: \$ _____	

["Fair market value" means the value of the property on the open market (between unrelated parties), not reduced to reflect debts owed against the property. Do not include property that transfers automatically to others following death (such as joint bank accounts or insurance policies with specific individuals listed as beneficiaries).]

4. **Affidavit should be filed in _____ County.** This small estate affidavit should be filed in the aforementioned County because *[check one]*:

- The decedent died in this County.
- At death, the decedent lived in or had a home in this County.
- The decedent had property located in this County at death or when his affidavit is filed.

Thirty days or more have passed since the decedent died.

5. **No probate estate exists.** No application or petition for the appointment of a personal representative has been granted in Oregon. *[This means that no Oregon court has opened a probate estate for the decedent.]*

6. **Is there a will?** *[Check the one that applies]*

- The decedent died testate (**did** leave a will). **The original will (not a copy) is attached.**
- The decedent died intestate (**did not** leave a will).

7. **The heirs.** The heirs of the decedent, and their addresses, are:

Name of each heir Relationship to decedent Last known address

8. **The devisees.** *[This part only applies if the decedent left a will. If the decedent did not leave a will, write "none."]*

Name of each devisee Last known address

9. **Notice to heirs and devisees.** I promise to give to each heir and devisee, if any, (1) a copy of this affidavit showing the date of filing and (2) a copy of the will, if the decedent died testate. I will do this by delivering or mailing the papers to the heirs and devisees at the last known addresses. I will do this within 30 days after this affidavit is filed with the court.

10. **Who gets what?** The following people are entitled to the following property:

Name of heir or devisee Property to be received

[If a will exists, the will governs who gets what. If no will exists, the laws of intestacy apply (see the instructions). If one person is to receive the entire estate, state "entire estate" or "100% of residue" under "Property to be received." If, for example, three people share the estate equally, state "1/3 of residue" under "Property to be received."]

11. **Creditors.** Reasonable efforts have been made to ascertain the creditors of the estate. The following expenses of or claims against the estate remain unpaid (including reimbursement owed to someone who paid claims or expenses):

<u>Creditor's name</u>	<u>Last known address</u>	<u>Type of claim & estimate amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

[If the estate has no creditors, please write "none."]

12. **Disputed claims.** I, as affiant, dispute the following claims against the estate:

<u>Creditor's name</u>	<u>Last known address</u>	<u>Type of claim & estimate amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

[If the estate has no creditors making claims disputed by the affiant, write "none."]

13. **Notice to creditors.** I promise to give each creditor listed in parts 11 and 12 above a copy of this affidavit showing the date of filing. I will do this by delivering or mailing the papers to the creditor at the last known address. I will do this within 30 days after this affidavit is filed with the court.

14. **Notice to State.** Within 30 days after this affidavit is filed with the court, I promise to mail or deliver a copy of the affidavit showing the date of filing to the Department of Human Services (SHS) and the Oregon Health Authority at the following address:

Department of Human Services
Estate Administration Unit
PO Box 14021
Salem, OR 97309-5024

(Pursuant to OAR 943-001-015(1)(h), mailing notice to DHS as the address above is considered giving notice to the Oregon Health Authority.)

15. **Claims may be barred.** Some claims against the estate may be barred unless specific things happen.
- Claims against the estate not listed in this affidavit or in amount larger than those listed in this affidavit may be barred unless:
 - A claim is presented to the affiant within four months of the filing of the affidavit at the address stated in part 1 of this affidavit; or
 - A personal representative of the estate is appointed within the time allowed under ORS 114.555

b. If this affidavit lists one or more claims which the affiant disputes, any such claim may be barred unless:

- 1) A petition for summary determination is filed within four months of the filing of this affidavit; or
- 2) A personal representative of the estate is appointed within the time allowed under ORS 114.555

I have read this affidavit. The statements it contains are true and correct to the best of my knowledge.

Affiant (sign in front of Notary Public)

Telephone Number: (____) _____

State of OREGON

County of _____

Signed and sworn before me on _____, 20____

By _____

Notary public

My commission expires: _____