# SMALL ESTATE AFFIDAVIT

**(for collection of property)**

The undersigned, (your name), residing at

(address), County/Parish of declares as follows:

1. (deceased person’s name) (hereinafter "decedent") died in the County/Parish of , on

(date).

1. A copy of the decedent’s death certificate is attached to this Small Estate Affidavit as Exhibit A.
2. Decedent was the owner of certain property described in Paragraph 7

below.

1. At least days have elapsed since the death of the decedent, as

shown in the copy of the decedent's death certificate attached to this Affidavit.

1. No probate proceeding is now being conducted, or has been conducted, for administration of the decedent's estate.
2. The current gross fair market value of the decedent's real and personal property in his or her probate estate does not exceed the maximum limit imposed by state law for collection of property using a Small Estate Affidavit.
3. The following is a description of the property of the decedent which should be paid, transferred, or delivered to the affiant or declarant:

*(describe property here; include values and identifying details, if applicable)*

(continue on Exhibit B if necessary)

1. The following is a description of the decedent’s liabilities:

(continue on Exhibit C if necessary)

1. The names and addresses of the decedent’s heirs are as follows:

Name Address

(continue on Exhibit D if necessary)

1. No other person has a superior right to the interest of the decedent in the described property.
2. The affiant or declarant requests that the described property be paid, delivered or transferred to the listed heirs.
3. All listed heirs will receive notice of this Small Estate Affidavit.
4. The affiant or declarant affirms or declares under penalty of perjury that the foregoing is true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand at

(city), (state), on , 20 .

(signature) (printed name)

# NOTARY ACKNOWLEDGMENT

|  |  |  |
| --- | --- | --- |
| State of | ) |  |
|  | ) | ss. |
| County of | ) |  |

On before me, , (insert name and title of the officer) personally appeared , who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of

that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Signature (Seal)

My Commission Expires:

# WITNESS ACKNOWLEDGMENT

**Signatures of Witnesses:**

First Witness

Print name

Second Witness

Print name

Address Address

City, State City, State

Signature Signature

Date Date

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