AN AFFIDAVIT TO JESSE WHITE, THE SECRETARY OF THE STATE OF ILLINOIS, PURSUANT TO 755 ILCS 5/ART. XXV OF THE PROBATE ACT, ILLINOIS COMPILED STATUTES, AS AMENDED BY PUBLIC ACT 98-0836 (EFF. 1-1-15).

STATE OF ILLINOIS

COUNTY OF _____

SMALL ESTATE AFFIDAVIT

,				(name of affiant), on oath state:		
1.	(a) My post office address is:					
	(b) My residence address is:			; and		
	(c) I understand that if I am ar preparation and use of this			he jurisdiction of Illinois courts for all matters related to the s in Illinois is:		
NAN	ME:		ADDRES	SS:		
			TELEPHONE:			
l un effe (Juc	nderstand that if no person is na ictuated, the Clerk of the Circuit (dicial Circuit) Illinois is recognized	med above as my a Court of I by Illinois law as n	agent for service or, ny agent for service o	if for any reason, service on the named person cannot be (County) of process.		
2.	The decedent's name is					
3.				and I have attached a copy of the death certificate hereto.		
4.						
5.	No letters of office are now outstanding on the decedent's estate, and no petition for letters is contemplated or pending in Illinois or i any other jurisdiction, to my knowledge.					
6.	5. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by integraded under a will, does not exceed \$100,000 in value and consists of the following (list each asset and its fair market value):					
Inc	Sluding vehicle(s) described below: Make of Vehicle	Body Type	Year Model	Vehicle Identification Number		
	Make of Vehicle	Body Type	Year Model	Vehicle Identification Number		
Las	st licensed in the State of Illinois in	(Year)I	License Plate Number(s)		
7.	Mark (X) either (a) or (b): (a) All the decedent's funeral expenses and other debts have been paid, or (b) All the decedent's known unpaid debts are listed and classified as follows:					
	Class 1: Funeral and burial expenses, which include reasonable amounts paid for a burial space, crypt, or niche; a marker on the burial space; and care of the burial space, crypt, or niche; expenses of administration; and statutory custodial claims:					
	Name					
	Post Office Address			Amount \$		
	Class 2: Surviving spouse's award or child's award, if applicable: Name					
			Amount \$			
	Class 3: Debts due the United S					
	Post Office Address			Amount \$		

Class 4: Money due employees of the decedent of not more than \$800 for each claimant for services rendered within four (4) months prior to the decedent's death and expenses attending the last illness:

	Post Office Address	Amount	\$			
		eld in trust by the decedent that cannot be identified or traced:				
	Name					
	Post Office Address	Amount	\$			
		d any county, township, city, town, village, or school distri	ict located within Illinois:			
		Amount	\$			
	Class 7: All other claims:					
	Name					
	Post Office Address	Amount	\$			
.5	before any distribution is made to any heil	the decedent's estate described in paragraph 7 must be ir or legatee. I further understand that the decedent's est s insufficient to pay the claims in any one class, the claims	tate should pay all claims in the order s			
3.	. There is no known unpaid claimant or contested claim against the decedent except as stated in paragraph 7.					
).	(a) The names and places of residence of any surviving spouse, minor children and adult dependent* children of the decedent are as follows:					
	Name and Relationship	Place of Residence	Age of Minor Child			
No		o is unable to maintain himself and is likely to beco ng spouse of a decedent who was an Illinois resident i				
ĩΝο	 (b) The award allowable to the survivir (\$20,000, plus \$10,000 multiplied by a the time of the decedent's death, so indicate in 9(a)}. (c) If there is no surviving spouse, the an Illinois resident is \$ 	ng spouse of a decedent who was an Illinois resident is the number of minor children and adult dependent children th. If any such child did not reside with the surviving award allowable to the minor children and adult depe (\$20,000, plus \$10,000 multiplied by the numbe	s \$s on who resided with the surviving spous spouse at the time of the decedent'			
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(c) Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

10.5 I understand that the decedent's estate must be distributed first to satisfy claims against the decedent's estate as set forth in paragraph 7.5 of this affidavit before any distribution is made to any heir or legatee. By signing this affidavit, I agree to indemnify and hold harmless all creditors of the decedent's estate, the decedent's heirs and legatees, and other persons, corporations, or financial institutions relying upon this affidavit who incur any loss because of reliance on this affidavit, up to the amount lost because of any act or omission by me. I further understand that any person, corporation, or financial institution recovering under this indemnification provision shall be entitled to reasonable attorney's fees and the expenses of recovery.

this affidavit is made to induce Jesse White, Secretary of State of Illinois, to issue a Certificate of Title to the vehicle to the assignee.

The foregoing statement is made under the penalties of perjury. (Note: A fraudulent statement made under the penalties of perjury is perjury, as defined In Section 32-2 of the Criminal Code of 2012.)

Date

Signature of Affiant

Subscribed and sworn to before me this _____ day of _

Notary Public

(SEAL)