# **SMALL ESTATE AFFIDAVIT** (for collection of property)

The undersigned	a,	(your name	-		
		1.1.0.11	(address),		
County/Parish		declares as follows:			
1.		(deceased person's i	name)		
(hereinafter "de	ecedent") die	ed in the County/Parish of	, on		
		_ (date).			
2.	A copy of the	ne decedent's death certificate is attached to this S	Small Estate		
Affidavit as Ex	thibit A.				
3.	Decedent wa	as the owner of certain property described in Para	igraph 7		
below.					
4.	At least	days have elapsed since the death of the dec	edent, as		
shown in the co	opy of the de	ecedent's death certificate attached to this Affidav	it.		
5.	No probate p	probate proceeding is now being conducted, or has been conducted, for			
administration	of the decede	ent's estate.			
6.	The current §	e current gross fair market value of the decedent's real and personal			
property in his	or her proba	te estate does not exceed the maximum limit imp	osed by state		
law for collecti	ion of proper	rty using a Small Estate Affidavit.			
7.	The following	ng is a description of the property of the decedent	which		
should be paid,	, transferred,	or delivered to the affiant or declarant:			
(describe prop	erty here; inc	clude values and identifying details, if applicable	)		
(continue on E	xhibit B if ne	ecessary)			



	8.	The following is a description of the decedent's liabilities:
(conti	nue on	Exhibit C if necessary)
	9.	The names and addresses of the decedent's heirs are as follows:
Name		Address
(conti	nue on	Exhibit D if necessary)
	10.	No other person has a superior right to the interest of the decedent in the

- described property.
- 11. The affiant or declarant requests that the described property be paid, delivered or transferred to the listed heirs.
  - 12. All listed heirs will receive notice of this Small Estate Affidavit.



	13.	The affiant or declarant affirm	ns or declares under penalty of perjury that			
the for	regoing	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	)	
County of	) ss. )	
On	before me,	,
who proved to me on is/are subscribed to the executed the same in l	e basis of satisfactory evidence to be the person(s) whose nar within instrument and acknowledged to me that he/she/they s/her/their authorized capacity(ies), and that by his/her/their ument the person(s), or the entity upon behalf of which the	, ne(s
•	TY OF PERJURY under the laws of the State of that the foregoing paragraph is true and correct.	
WITNESS my hand a	l official seal.	
Signature	(Seal)	
My Commission Expi	·s·	



## WITNESS ACKNOWLEDGMENT

## **Signatures of Witnesses:**

First Witness		Second Witness	S
	Print name		Print name
	Address		Address
	City, State		City, State
	Signature		Signature
	Date		Date



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