

IN THE PROBATE COURT FOR _____ COUNTY, TENNESSEE

SMALL ESTATE AFFIDAVIT
T.C.A. §30-4-101, et. seq.

DOCKET NO: _____

ESTATE OF: _____

Your Affiant, _____, would respectfully show unto the Court as follows:

That the deceased, age _____, died on the _____ day of _____, 20____, in _____ County, State of Tennessee, and that his/her last residence was:

- The decedent left no Will. The decedent left a Will and the Will has been deposited with the Clerk of this Court, and a copy filed to support this *Affidavit*.

The decedent left the following unpaid debts at the time of his/her death:

<u>CREDITOR</u>	<u>ADDRESS</u>	<u>AMOUNT</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

(IF OTHER DEBTS, ATTACH A SEPARATE SHEET)

The decedent died owning the following property (list all personal property which includes *cash, bank accounts, notes receivable, automobiles, stocks and bonds and life insurance payable to the estate, mechanical equipment, household furnishings, etc.*):

Do Not List Jointly Owned Property

<u>ITEM</u>	<u>LOCATION / POSSESSION</u>	<u>BANK ACCT #</u> (if applicable)	<u>VALUE</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(IF OTHER PERSONAL PROPERTY, ATTACH A SEPARATE SHEET)

TOTAL PERSONAL ESTATE: \$ _____

The following are the names and addresses of all next of kin of the deceased.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u>
_____	_____		
_____	_____		
_____	_____		
_____	_____		
_____	_____		

Pursuant to T.C.A. §30-2-301(B) I hereby certify that I have notified the following people that they are beneficiaries of the above estate by sending them a copy of the Will or if not applicable the Small Estate Affidavit.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your Affiant is willing to collect and preserve all assets for the Estate, pay all creditors and distribute the remainder in accordance with the terms of the Will or according to the laws of descent and distribution of the State of Tennessee, pursuant to T.C.A. §30-4-101.

This ____ day of _____, 20__.

Name of Affiant

Address

City State Zip

Phone: _____

State of Tennessee
County of Wilson

Personally appeared before me, Notary Public/Deputy Clerk, the said _____, and after being sworn, deposes and says, subject to the penalty for perjury, that the Affidavit is not false of misleading and that she/he is mindful of all the duties imposed upon her/him.

AFFIANT

Sworn to and subscribed before me, this ____ day of _____, 20__.

Notary Public / Deputy Clerk

Commission Expires: _____

OATH OF AFFIANT

I solemnly swear that I will honestly and faithfully perform the duties given to me as the Affiant of the Small Estate Affidavit of the Deceased in accordance with its terms and provisions, to the best of my ability and knowledge, so help me God.

AFFIANT