STATE OF ILLINOIS	
COUNTY OF	

Small Estate Affidavit

	I,(name of affiant), on oath state:							
1.	(a) M	y post office address is:	<u> </u>					
	(b) M	y residence address is:		and				
	al is	Il matters related to the	preparation and use of this affid	it myself to the jurisdiction of Illino avit. My agent for service of proces	ss in Illinois			
CIT	Y		TELEPHONE_					
cann	not be effecti	uated, the Clerk of the	above as my agent for service of Circuit Court ofby Illinois law as my agent for s	r, if for any reason, service on the na_(County)ervice of process.	amed person			
2.	The de	ecedent's name is			-			
3.	The da	ite of the decedent's de	ath was, and I have at	tached a copy of the death certificat	e hereto.			
4.	The de	ecedent's place of resid	ence immediately before his dea	th was	_			
					_			
5.			utstanding on the decedent's est linois or in any other jurisdiction					
6.	The gross value of the decedent's entire personal estate including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000. and consists of the following: (Here list each asset, e.g. cash, stock and its fair market value).							
7.	(b) [The amount of the de	(a All of the decedent's fur ecedent's unpaid funeral expense d thereto are as follows:	neral expenses have been paid, or es and the name and post office				
Nam	ne		Post Office Addre	SS				
				Amount				
8.		is no known unpaid cla		t the decedent, except as stated in				
9.	(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 I	Relationship	Place of Residence	Age of Minor Chil	d			

*(Note: charge.)		dependent child is one	who is unable to	maintain himself and	d is likely to become	a public	
(b)	\$depend death.	vard allowable to the sur (\$10,000, plus \$5 lent children who reside If any such child did no ent's death, so indicate in	,000 multiplied bed with the survivot reside with the	by the number of childring spouse at the time	dren and adult e of the decedent's	i	
(c)	depend (\$10,00	e is no surviving spouse lent children of a decede 00, plus \$5,000 multipli m), to be divided among	ent who was an I ed by the numbe	llinois resident is \$ r of minor children ar			
10.	(a) The decedent left no will. The names, places of residence and relationships of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where decedent died intestate are as follows:						
Na	me, relati	ionship and place of res	idence	Age of Minor	Portion of Esta	te	
				OR			
	(b)	The decedent left a w A certified copy of th on file is the deceden required by law and w legatees and the porti	e will on file is a t's last will and v vould be admitta	attached. To the best was signed by the dec ble to probate. The n	of my knowledge and redent and the attestin names and places of re	d belief the will ag witnesses as esidence of the	
Name, relation	onship an	d place of residence	Age o	f Minor	Portion of Estate		
[Indicate eith	(c)		any dispute or p	otential conflict as to	the heirship or will o	of the	
11.	Th	ne property described in	paragraph 6 of t	his affidavit should be	e distributed as follow	vs:	
	Na	ame	S	Specific Sum or Propo	erty to be distributed		
		tatement is made unde penalties of perjury is					
				Signature of	f Affiant	Date	
				Daytime te	lephone		
Signed and s	worn to b	oe .					
Before me th	is	day of					
		Notary	Public				