

UNITED STATES OF AMERICA
STATE OF ILLINOIS COUNTY OF LASALLE
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT

SMALL ESTATE AFFIDAVIT (\$100,000 and under)

I, _____, on oath state:
(name of affiant)

1. (a) My post office address is: _____

(b) My residence address is: _____

(c) I understand that, if I am an out-of-state resident, I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service of process in Illinois is:

Name _____

Address _____

City _____

Telephone (if any) _____

I understand that if no person is named above as my agent for service or, if for any reason, service on the named person cannot be effectuated, the Clerk of the Circuit Court of LaSalle County, 13th Judicial Circuit, Illinois is recognized by Illinois law as my agent for service of process.

2. The decedent's name is _____

3. The date of the decedent's death was _____
and I have attached a copy of the death certificate hereto.

4. The decedent's place of residence immediately before his death was _____

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 in any other jurisdiction, to my knowledge.

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. (here, list each asset, e.g. cash, stock and its fair market value.)

- 7. (a) All of the decedent's funeral expenses and other debts, have been paid, **or**
- (b) All of the decedent's known unpaid debts are listed and classified as follows (include the name, post office address and amount):

Strike either 7(a) or 7(b)

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 as follows:

Name and Post Office Address	Amount
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Class 2: The surviving spouse's award or child's award, if applicable, as follows:

Name and Post Office Address	Amount
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Class 3: debts due the United States, as follows:

Name and Post Office Address	Amount
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Class 4: Money due employees of the decedent of not more than \$800 for each claimant for services rendered within 4 months prior to the decedent's death and expenses attending the last illness, as follows:

Name and Post Office Address	Amount
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Class 5: Money and property received or held in trust by the decedent which cannot be identified or traced, as follows:

Name and Post Office Address	Amount
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Class 6: Debts due the State of Illinois and any county, township, city, town, village, or school district located within Illinois, as follows:

Name and Post Office Address	Amount
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Class 7: All other claims, as follows:

Name and Post Office Address

Amount

7.5 I understand that all valid claims against the decedent's estate described in Paragraph 7 must be paid by me from the decedent's estate before any distribution is made to any heir or legatee. I further understand that the decedent's estate should pay all claims in the order set forth above, and if the decedent's estate is insufficient to pay the claims in any one class, the claims in that class shall be paid pro rata.

8. There is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7.

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 Relationship

Place of Residence

Age of Minor

*(Note: An adult dependent child is one who is unable to maintain himself and is likely to become a public charge.)

(b) The award allowable to the surviving spouse of a decedent who was an Illinois resident is \$ _____ (\$20,000, plus \$10,000 multiplied by the number of minor children and adult dependent children who resided with the surviving spouse at the time of the decedent's death. If any such child did not reside with the surviving spouse at the time of the decedent's death, so indicate).

(c) If there is no surviving spouse, the award allowable to minor children and adult dependent children of a decedent who was an Illinois resident is \$ _____ (\$20,000, plus \$10,000 multiplied by the number of minor children), to be divided among them in equal shares.

10. (a) The decedent left no will. The names, places of residence and relationship 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:

Name, relationship and place of residence

Age of minor

Portion of Estate

(or)

(b) The decedent left a will, which has been filed with the clerk of an appropriate court. A certified copy of the will on file is attached. To the best of my knowledge and belief the will on file is the decedent's last will and was signed by the decedent and the attesting witnesses as required by law and would be admissible to probate. The names and places of residence of the legatees and the portion of the estate, if any, to which each legatee is entitled are as follows:

Name, relationship and place of residence

Age of minor

Portion of Estate

(Strike either 10(a) or 10(b).)

(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.

11. After payment by me from the decedent's estate of all debts and expenses listed in paragraph 7, any remaining property described in paragraph 6 of this affidavit should be distributed as follows:

Name	Specific sum or property to be distributed
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The foregoing statement is made under the penalties of perjury*.

Signature of Affiant

Signed and sworn before me on _____, 20__.

Notary Public

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

I, _____, am an attorney, duly licensed to practice law in the state of Illinois. I have prepared the foregoing affidavit on behalf of the party signing it. Further, based upon the information supplied to me, which I have no reason to believe is not true and accurate, paragraphs 9 through 11 correctly reflect the appropriate heirship and distributions under the applicable law and any will.

Name: _____

Business Address: _____

City, State, Zip Code: _____

Business Telephone Number (_____) _____