		NO. C-1-P	B			
Estate of		of	\$ \$ \$ \$ \$ \$	In Probate Court No. 1		
		·	§ 8	of		
Deceased		ed	<b>§</b>	Travis County, Texas		
		Sma	all Estate	Affidavit		
-	sona	the dates indicated below, all of the ally appeared and, on their oath, did oter 205 of the Texas Estates Code:				
A.	Dec	cedent,		, died on the	day of	
		, 20				
		cedent's death certificate will be file				
B.	Mo	ore than 30 days have elapsed since	Decedent's o	leath.		
C.	Decedent was a resident of and domiciled in County, Texas, at the time of Decedent's death. [If not Travis County, the affidavit must include facts supporting venue in Travis County.]					
D.	Dec	cedent died without a will.				
E.	No administration is pending or has been granted in Decedent's estate and none appears necessary.					
F.		e value of the entire assets of the est operty, does not exceed \$50,000.00.	ate of Deced	lent, not including homestead and	l exempt	
G.		e value of the entire assets of the est operty, exceeds the known liabilities		lent, not including homestead and	l exempt	
Н.	Me	edicaid – check the accurate box:				
		The Decedent did not apply for an	d receive Mo	edicaid benefits on or after March	n 1, 2005.	
	OR	<u>R</u>				
		Decedent did apply for and receive Estate Recovery Program claim is			s, and the Medicaid	
	OR	<u>R</u>				
		The Decedent did apply for and re no Medicaid claim against the esta Medicaid Estate Recovery Programa MERP claim or (2) include additional filed.]	ite. [If this b m (MERP) c	oox is checked, applicant(s) <u>must</u> ertification that decedent's estate	either (1) file a e is not subject to	

I. All assets of the Decedent's estate and their values are listed here.

**NOTE:** Community property is property acquired during marriage other than by gift or inheritance. Separate property is property owned before marriage or acquired by gift or inheritance during marriage.

		Additional information		
Description of Asset(s)  List with enough detail to identify exactly what the asset is. For example, give bank name and last four digits of an account	Value	If decedent was married, indicate:  1. whether each asset was community or separate property, <b>and</b> 2. <u>facts</u> that explain why the asset was community or separate		
number; give life insurance company name; give description of car plus VIN number; give address & legal description of real property.		If decedent was survived by a spouse, minor children, or unmarried adult children who lived with decedent, the list of known estate assets must indicate which assets applicant claims are exempt. See checklist for more information.		
		Use additional pages as necessary.		

(Continue list as necessary. If list is continued on another page, please note.)

J.	All liabilities/debts of the Decedent's estate and their values are listed here <i>all</i> of Decedent's debts and other liabilities including all credit card balanc utility bills, etc. – <i>everything</i> owed by Decedent or Decedent's estate and respectively.	es, doctor and hospital bills
	If none, write "none."	
	If funeral debts or attorney's fees and expenses will be paid from estate ass	ets, list them here.
D	escription of Liabilities / Debts: List with enough detail to identify the creditor & any account.	Balance Due
ontini	ue list as necessary. If list is continued on another page, please note.)	
f you	did not list attorney's fees as a liability above but one or more distributees	s have paid or will pay
ttorn	ey's fees for this small estate affidavit, indicate the amount of those fees h	ere: \$
l <i>lso i</i>	ndicate who has paid or will pay the fees:	
K.	The following facts regarding Decedent's family history show who is entite Decedent's estate, to the extent that the assets of Decedent's estate, exclusive exempt property, exceed the liabilities of Decedent's estate. [Put check meshall boxes, and provide additional information as indicated.]	ive of homestead and
E	mily History #1. Mannings	
II	mily History #1: Marriage.	
	On the date of Decedent's death, Decedent was a single person.	
<u>OF</u>		
	On the date of Decedent's death, Decedent was married to	·
	The date they were married:	
<u> </u>		

Family History #2: Children.						
	☐ Decedent had no children by birth or adoption, and Decedent did not take any children into Decedent's home to raise as a child. (Skip to Family History #4 if you check this box.)					
OR						
	The following children were born to or adopted by Decedent. List <u>all</u> children, whether or not the child is still alive and whether or not parental rights were later terminated. If parental rights were terminated for any child, give details on separate page(s).					
	Child's name		Birth date, if known	Name of child's other parent		
	(Continue list as necessary. If list is co	ontinued on anot	her page, please note.)			
10	1 II. 4 //2 CI.11	4.2. 4	'ep i	41 1 191		
	mily History #3: Children	· <b>-</b>		•		
	All of Decedent's children, by be died <u>after</u> the Decedent, contact is	-	*	10		
<u>OR</u>		ine Court Aum	imisirator before gett	ing signatures on this form.)		
	The following of Decedent's ch	ildren, by birt	th or adoption, died	before the Decedent's death		
	and were survived by children		<b>.</b> .	<del></del>		
	Name of deceased child (followed by the name of the deceased child's other parent in parentheses)  Date child died  Names of all children of the deceased child (if any of these children died before Decedent, use a separate page give date of death, plus names & birth dates of all grandchildren)			d before Decedent, use a separate page to		
(Continue list as necessary. If list is continued on another page, please note.)						
AND/OR						
	The following of Decedent's children, by birth or adoption, died <u>before</u> the Decedent's death and were not survived by any children, grandchildren, or great-grandchildren:					
	Name of deceased child Date child died					
	(Continue list as necessary. If list is co	ontinued on anot	ther page, please note.)			

If Decedent was survived by any children, grandchildren, or great-grandchildren, you do not need to answer Family History #4 about Parents or Family History #5 about Sisters and Brothers. You may skip to "L" (following #5).

Family History #4: Parents.						
	The Decedent was survived					(mother)
	and		(fat	ner).		
<u>OR</u>						
	Decedent was survived by	only one pa	arent,			<del>.</del>
	Decedent's other parent,				, died on	·
<u>OR</u>						
	Both of Decedent's parents	died befor	re Deced	ent's death.		
	A					
	nily History #5: Sister following information abou				not needed if l	Decedent was
	ived by both parents <u>or</u> by c					seceuem was
	The following are all of De	cedent's b	rothers a	nd sisters <b>who w</b>	vere alive on th	ne date Decedent
	died, including half-brother					
	If none, write "none." If ar  Name of brother or sister	ny of the fo	ollowing	State whether full of		Birth date
	Name of brother of sister			State whether full t	or man-sibiling	Birtii date
	(Continue list as necessary. If lis	t is continue	d on anoth	er page, please not	e.)	
ANI						
	The following of Decedent					
	were born to either of Dece "none."	edent's par	ents) are	a before Decea	ent's death. 11	none, write
	Name of deceased brother or	Full or		f all children of the c		Birth dates of nieces
	sister (followed by the date of death in parentheses)	half sibling?		(nephews and niece alive on the date De		& nephews
(Cor	(Continue list as necessary. If list is continued on another page, please note.)					

## Family History #6: Other.

Fill out a separate page (or pages) <u>if</u> Decedent was survived by <u>none</u> of the following: spouse, child, grandchild, parent, brother, sister, half-brother, half-sister, niece, or nephew. If Decedent was survived by none of the above, list all of the surviving relatives of Decedent on a separate page. Specify Decedent's family history with respect to each of the survivors, giving sufficient detail about names, birth dates, death dates, and relationships to explain how each survivor is related to Decedent.

## **EVERYONE MUST FILL OUT THE FOLLOWING CHART.** Before filling out the chart, see #13 & #15 and pages 4-6 of the Court's Small Estate Affidavit Checklist.

L. Based on the family history given in this Affidavit, the following chart lists all of the Decedent's heirs at law, together with their fractional interests in Decedent's estate:

For each Distributee, list:  1. Name 2. Address 3. Telephone number 4. Email address	Share of separate personal property (always fill out this column)	Share of separate real property (always fill out this column)	Share of decedent's community property (fill out this column if decedent was married)

(Continue list as necessary. If list is continued on another page, please note.)

## Affidavits and signatures of all Distributee(s).

As needed, include other signature pages for additional distributees.

## Every signature page for a distributee must include the box below:

We, as Distributees of the Decedent and as indicated by our signatures below, do solemnly swear or affirm the following:

- the foregoing Affidavit was completed by persons who have actual knowledge of the stated facts;
- all of the facts stated in the foregoing Affidavit are true and complete; and
- each of us has legal capacity.

We pray that this Affidavit be filed in the records of the Travis County Clerk; that the same be approved by the Court; and that the Clerk issue certified copies of this Affidavit and the order approving it as evidence of Distributees' right to inherit the property of Decedent as described above.

We understand that Estates Code §205.007(c) provides that "[e]ach person who execute[s] [this] affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit."

STATE OF	
	, Deceased. I he facts stated in the foregoing Affidavit and that the te to the best of my knowledge
Distributee's printed name	Distributee's signature
SWORN TO AND SUBSCRIBED before me by Distributee, on this the day of	[name of Distributee], a, 20
(SEAL)	Notary Public, State of
STATE OF	
	, Deceased. I he facts stated in the foregoing Affidavit and that the te to the best of my knowledge.
Distributee's printed name	Distributee's signature
SWORN TO AND SUBSCRIBED before me by Distributee, on this the day of	
(SEAL)	Notary Public, State of

Affidavits and signatures of two disinteres	ted witnesses
STATE OF	
I have no interest in the Estate of to Decedent under the laws of descent and distribution facts contained in this Affidavit regarding family his the best of my knowledge.	
affidavit is liable for any damage or loss to a	ovides that "[e]ach person who execute[s] [this] ny person that arises from a payment, delivery, in reliance on the affidavit."
Disinterested Witness's printed name	Disinterested Witness's signature
SWORN TO AND SUBSCRIBED before me by disinterested witness, on this the day of	[name of witness], a, 20
(SEAL)	Notary Public, State of
STATE OF	
I have no interest in the Estate of to Decedent under the laws of descent and distribution facts contained in this Affidavit regarding family his the best of my knowledge.	on of the State of Texas. I swear or affirm that the
affidavit is liable for any damage or loss to a	ovides that "[e]ach person who execute[s] [this] ny person that arises from a payment, delivery, in reliance on the affidavit."
Disinterested Witness's printed name	Disinterested Witness's signature
SWORN TO AND SUBSCRIBED before me by disinterested witness, on this the day of	[name of witness],, 20
(SEAL)	Notary Public, State of

Prepared in the Law Office of: [Attorney signature block]