

### SMALL ESTATE AFFIDAVIT

The undersigned being first duly sworn on oath deposes and states with respect to a certain self-storage Lease Agreement by and between the following parties:

**Storage Operator: Complete only the gray areas. Signer must complete the rest.**

Facility	Tenant Name
	Tenant Address
which Lease is dated	for the rental of
Lease Date	Unit No.

I am

Name			
Address			
Telephone	Driver's Lic. No.	State	Soc. Sec. No. (Last 4 digits)

and that all of the following are true:

- The person named as Tenant above ("Decedent") is deceased and 30 or more days have elapsed since Decedent's death. **A copy of the death certificate is attached.**

**Check either 2(a) or 2(b):**

- (a) I am the successor of Decedent, entitled to Decedent's property by will or intestate succession and the value of all of the personal property in the decedent's estate, wherever located, less liens and encumbrances, does not exceed \$50,000.
   
 (b) I am claiming as the  **surviving spouse**  **dependent child** of Decedent, and the value of all personal property in Decedent's estate, wherever located, less liens and encumbrances, does not exceed \$50,000 as of the date of the death.

**Check either 3(a) or 3(b):**

- (a) No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
   
 (b) A personal representative was appointed and **EITHER**  has been discharged **OR**  more than one year has elapsed since a closing statement was filed, **AND** the value of all personal property in Decedent's estate, wherever located, less liens and encumbrances, does not exceed \$50,000 as of the date of this affidavit.

I make these representations in accordance with A.R.S. §14-3971 to induce you to give me access to the storage space and to remove contents from the space. In so doing, I understand and agree that:

- No access will be granted until all unpaid storage charges and fees have been paid in full, and
- My access will be subject to all the terms and conditions of Decedent's original lease for use of the storage space as fully as if I were the tenant named therein.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public My Commission Expires on:

**IMPORTANT: The storage facility operator named above is not in a position to provide any advice about completion of this form. If you need guidance, please consult your attorney or the attorney for Decedent's estate.**