Universal Guaranty Life Insurance Company

5250 South Sixth Street • P.O. Box 5147 • Springfield, Illinois 62705-5147

SMALL ESTATE AFFIDAVIT

Collection of Real and Personal Property

California Probate Code Section 13101

Sta	nte of					
Со	bunty of					
I, _		, duly sv	vorn, state or	n my oath that:		
1.	My post office address is:					
	Street/PO Box:	City:		State:	Zip Code:	
2.	My residence address is:					
	Street/PO Box:	City:		State:	Zip Code:	
3.	I, the affiant am either: I successor to the decedent identified authorized under Section 13051 of t					nt.
4.	The decedent's name is		·			
5.	The decedent died on the the State of		, 20	in the city of_		in
6.	That the current gross fair market value of the decedent's real and personal property owned by the decedent, less property described in Section 13050 of the California Probate code, does not exceed one hundred thousand dollars (\$100,000.00).					
7.	The property to be transferred, delivered or paid to the affiant is:					
	ASSET DESCRIPTION	ASSET LOC	ATION	DC	OLLAR VALUE	
8.	At least forty (40) days have elapsed sin certificate.	ce the death of the de	cedent as sho	wn in the attached	certified copy of the	death
9.	Either:					
	I No proceeding is now being or has been conducted in California for administration of the decedent's estate.					
	The decedent's personal representative has consented in writing to the payment, transfer, or delivery to the affiant of the property described in this affidavit and a copy of the consent and the personal representative's letters is attached hereto					
10.	No other person has a superior right to the interest of the decedent in the described property.					

11. The undersigned requests that the property described above be transferred, delivered or paid at this time.

The affiant affirms under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Affiant

State of _____

County of _____

On _______, personally appeared ______, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/ they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the same.

WITNESS my hand and official seal.

Signature _____

Print Name:

My commission expires:

(Seal)

Disclaimer

This form is provided without any warranty, express or implied, as to its legal effect and completeness. Please use at your own risk. If you have a serious legal problem, we suggest that you consult an attorney.