## **SMALL ESTATE AFFIDAVIT** (for collection of property)

The undersigned	ed,(your name), residing at
	(address),
County/Parish	ofdeclares as follows:
1.	(deceased person's name)
(hereinafter "de	ecedent") died in the County/Parish of, on
	(date).
2.	A copy of the decedent's death certificate is attached to this Small Estate
Affidavit as Ex	hibit A.
3.	Decedent was the owner of certain property described in Paragraph 7
below.	
4.	At leastdays have elapsed since the death of the decedent, as
shown in the co	opy of the decedent's death certificate attached to this Affidavit.
5.	No probate proceeding is now being conducted, or has been conducted, for
administration	of the decedent's estate.
6.	The current gross fair market value of the decedent's real and personal
property in his	or her probate estate does not exceed the maximum limit imposed by state
law for collecti	on of property using a Small Estate Affidavit.
7.	The following is a description of the property of the decedent which
should be paid,	transferred, or delivered to the affiant or declarant:
(describe prop	erty here; include values and identifying details, if applicable)
(continue on E	xhibit B if necessary)

8.	The following is a description of the decedent's liabilities:		
(continue o	n Exhibit C if necessary)		
9.	The names and addresses of the decedent's heirs are as follows:		
<u>Name</u>	Address		
(continue o	n Exhibit D if necessary)		
10.	No other person has a superior right to the interest of the decedent in the		

- 10. No other person has a superior right to the interest of the decedent in the described property.
- 11. The affiant or declarant requests that the described property be paid, delivered or transferred to the listed heirs.
  - 12. All listed heirs will receive notice of this Small Estate Affidavit.

	13.	13. The affiant or declarant affirms or declares under penalty of perjury that		
the foregoing is true and correct.				
	IN WITNESS WHEREOF, I have hereunto set my hand at			
(city),_		(state), on	, 20	
			(signature)	
			(printed name)	

## NOTARY ACKNOWLEDGMENT

State of	_ )	
State of	)	SS.
On	before me,	·
who proved to me on the is/are subscribed to the executed the same in his	e basis of satisfactory within instrument and s/her/their authorized ument the person(s), o	y appeared
•		der the laws of the State of paragraph is true and correct.
WITNESS my hand and	l official seal.	
Signature		(Seal)
My Commission Expire	s:	

## WITNESS ACKNOWLEDGMENT

## **Signatures of Witnesses:**

First Witness		Second Witness	
	Print name		Print name
	Address		Address
	City, State		City, State
	Signature		Signature
	Date		Date