## Case No.

|  |  |  |
| --- | --- | --- |
| **In the Estate of** | **|** | **In the Probate Court** |
|  **,** | **|** |  |
| [Decedent’s name] | **|** |  **County,** |
| **Deceased** | **|** |  |

**SMALL ESTATE AFFIDAVIT**

TO THE HONORABLE JUDGE OF THIS COURT:

 [name of 1st applicant], who resides at:

[address], [city], [state]

[zip code]

And

 [name of 2nd applicant], who resides at:

[address], [city], [state] [zip code]

And

 [name of 3rd applicant], who resides at:

[address], [city], [state] [zip code]

And

 [name of 4th applicant], who resides at:

[address], [city], [state] [zip code]

as Applicant(s)/Distributee(s), furnish the following information to the Court concerning the death and heirship of [decedent’s name]:

1. He/she died on [date of passing] in

 [city], [county], [state] at the age of [age] years.

1. His/her last 4 of SSN was [last 4 of Social Security no.].
2. He/she was domiciled and had a fixed place of residence in this county at:

[address], [city], [zip code] and/or the principal part of the estate was in this County at the time of death.

1. No application for the appointment of a personal representative of this estate is pending or has been granted.
2. He/she died intestate (without a will).
3. Thirty (30) days, or more, have elapsed since the death.
4. The value of the entire assets of the estate as of the date of death, not including homestead and exempt property, does not exceed $50,000.00, and those non-exempt assets exceed the known liabilities of the estate.
5. The known ASSETS and LIABILITIES of the estate are as follows:

## ASSETS

[*The assets list should include complete descriptions of all property and should indicate whether property is separate or community,*

*whether property is exempt, and whether the property was homestead property.*] DESCRIPTION VALUE ENCUMBRANCES

## LIABILITIES

[*The liability list should include a complete description of all debts, and should indicate whether the debt was community or separate.*]

CREDITOR AMOUNT OF CLAIM

[*Select one of the following by placing a check mark.*

*Strike through those not selected.*]

 9. He/she was married to [name of decedent’s spouse] at the time of death.

 9. He/she was never married.

 9. He/she was not married at the time of death, but was previously married to

 [name of prior spouse].

[*Select one of the following by placing a check mark.*

*Strike through those not selected.*]

 10. He/she had no children.

 10. He/she had children whose names are:

[name(s) of child(ren)].

11. The names and addresses of the Distributees and heirs of the money and property of the estate and their right to receive the assets of the estate is/are:

## DISTRIBUTEES

[*The distributee list should include a complete listing of all Distributees, their residence addresses, relationship to the Decedent, and their respective right to receive the money, property, or other rights of the estate as are found to exist. The list should also identify any Distributees who are minors or under a guardianship.*]

Name of 1st Applicant: Address: Share of Estate:

Relationship: Age:

Name of 2nd Applicant: Address: Share of Estate:

Relationship: Age:

Name of 3rd Applicant: Address: Share of Estate:

Relationship: Age:

Name of 4th Applicant: Address: Share of Estate:

Relationship: Age:

Applicant(s)/Distributee(s) affirm that the facts contained in this Affidavit are true.

Applicant(s)/Distributee(s) pray that this Affidavit and Application be filed in the Small Estate Records; that the same be approved by the Court; and that the Clerk issue certified copies thereof in order to allow Applicant(s)/Distributee(s) to receive or to take custody or possession of the property of the estate, or to have evidences of such money, property, or other rights of the estate as are found to exist transferred to them as heirs or assignees.

[Signature of 1st Applicant]

[Typed or printed name]

STATE OF

COUNTY OF

Sworn to and Subscribed before me on [date], by

st

 [name of 1 Applicant].

[Signature of Notary Public]

[Typed or printed name]

Notary Public in and for the State of My commission expires:

nd

[Signature of 2 Applicant]

[Typed or printed name]

STATE OF

COUNTY OF

Sworn to and Subscribed before me on [date], by

nd

 [name of 2 Applicant].

[Signature of Notary Public]

[Typed or printed name]

Notary Public in and for the State of My commission expires:

[Signature of 3rd Applicant]

[Typed or printed name]

STATE OF

COUNTY OF

Sworn to and Subscribed before me on [date], by

rd

 [name of 3 Applicant].

[Signature of Notary Public]

[Typed or printed name]

Notary Public in and for the State of My commission expires:

th

[Signature of 4 Applicant]

[Typed or printed name]

STATE OF

COUNTY OF

Sworn to and Subscribed before me on [date], by

th

 [name of 4 Applicant].

[Signature of Notary Public]

[Typed or printed name]

Notary Public in and for the State of My commission expires:

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|  **,** | **|** |  |
| [Decedent’s name] | **|** |  **County,**  |
| **Deceased** | **|** |  |

**AFFIDAVIT OF FIRST DISINTERESTED PERSON**

“I have no interest in the estate of [decedent’s name].

“I am not related to him/her under the laws of descent and distribution of the State of .

“I have personal knowledge of the facts contained in the foregoing Affidavit. The facts contained in the foregoing Affidavit are true.”

[Signature of 1st Disinterested Person]

[Typed or printed name]

[Address & telephone no.]

STATE OF

COUNTY OF

Sworn to and Subscribed before me on [date] by

[name of 1st Disinterested Person].

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| **In the Estate of** | **|** | **In the Probate Court** |
|  **,** | **|** |  |
| [Decedent’s name] | **|** |  **County,**  |
| **Deceased** | **|** |  |

**AFFIDAVIT OF SECOND DISINTERESTED PERSON**

“I have no interest in the estate of [decedent’s name].

“I am not related to him/her under the laws of descent and distribution of the State of .

“I have personal knowledge of the facts contained in the foregoing Affidavit. The facts contained in the foregoing Affidavit are true.”

[Signature of 2nd Disinterested Person]

[Typed or printed name]

[Address & telephone no.]

STATE OF

COUNTY OF

Sworn to and Subscribed before me on [date] by

[name of 2nd Disinterested Person].

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| **In the Estate of** | **|** | **In the Probate Court** |
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| [Decedent’s name] | **|** |  **County,**  |
| **Deceased** | **|** |  |

**ORDER**

On this day, the Court considered the Affidavit of the Distributees of this estate, and the Affidavits of the two disinterested persons in support thereof, and the court finds the above Affidavits comply with the terms and provisions of the Estates Code, that this Court has jurisdiction and venue, that this Estate qualifies under the provisions of the Estates Code as a Small Estate, and this Affidavit should be approved.

IT IS ORDERED by the Court that the foregoing Affidavit be and the same is hereby APPROVED, and shall forthwith be recorded in the Small Estates Records of this County, and the Clerk of this Court shall issue certified copies thereof to all persons entitled thereto to allow Applicant(s)/Distributee(s) to receive or to take custody or possession of the property of the estate, or to have evidences of such money, property, or other rights of the estate as are found to exist transferred to them as heirs or assignees.

SIGNED on [date].

JUDGE PRESIDING