**STATE OF: IOWA**

**COUNTRY OF: USA**

**IN THE COURT AND JURISDICTION OF: IOWA**

**AFFIDAVIT OF SMALL ESTATE**

I, [INSERT NAME], the undersigned, being duly sworn, hereby affirm under penalty of perjury under the laws of the state of Iowa, on the [INSERT DATE]:

1. This affidavit relates to the Estate of [INSERT DECEDENT NAME] (“Decedent”).
2. The Decedent passed away on the [INSERT DATE], in the [INSERT LOCATION]. Please see the copy of the death certificate attached.
3. Immediately prior to the Decedent’s death, their primary residence was [INSERT ADDRESS].
4. The filing of this affidavit in this court is proper because the Decedent [died in the State of] OR [resided in the State of [INSERT STATE] immediately prior to the Decedents death.]
5. The following information is true, to the best knowledge, with respect to the Decedent’s estate:
	1. This affidavit is filed more than 40 days after the Decedents death.
	2. The gross fair market value of the Decedents estate, as defined in Section 633.356 of the State of Iowa Probate Code does not exceed $100,000.
	3. No proceedings has been commenced for administration of the Decedent’s estate.

**Funeral expenses:**

1. [All of the Decedent’s funeral expense have been paid.]
2. [The following amounts remain outstanding in respect of the Decedents funeral expenses:
	1. [INSERT NAME], [INSERT ADDRESS], $[INSERT AMOUNT OWED], [INSERT DESCRIPTION].
	2. [INSERT NAME], [INSERT ADDRESS], $[INSERT AMOUNT OWED], [INSERT DESCRIPTION].
	3. [INSERT NAME], [INSERT ADDRESS], $[INSERT AMOUNT OWED], [INSERT DESCRIPTION].
	4. [INSERT NAME], [INSERT ADDRESS], $[INSERT AMOUNT OWED], [INSERT DESCRIPTION].

**Claims:**

1. [Except as listed at clause 7, there are no claims against the estate to the best of my knowledge.] OR [To the best of my knowledge, the following claims are the only claims against the estate that I am aware of:
	1. [INSERT NAME], [INSERT ADDRESS], $[INSERT AMOUNT OWED], [INSERT DESCRIPTION].
	2. [INSERT NAME], [INSERT ADDRESS], $[INSERT AMOUNT OWED], [INSERT DESCRIPTION].
	3. [INSERT NAME], [INSERT ADDRESS], $[INSERT AMOUNT OWED], [INSERT DESCRIPTION].
	4. [INSERT NAME], [INSERT ADDRESS], $[INSERT AMOUNT OWED], [INSERT DESCRIPTION].
2. If and to the extent that any money is owed to the Department of Health and Human Services relating to the Medicaid the benefits have been either paid or provided for.
3. The Decedent died with [no will] OR [a will].

**Heirs:**

1. [The Decedent has no surviving relatives.] OR [The Decedent is survived by the following relatives:
	1. [INSERT NAME], [INSERT ADDRESS], [INSERT AGE], [INSERT RELATIONSHIP TO DECEDENT].
	2. [INSERT NAME], [INSERT ADDRESS], [INSERT AGE], [INSERT RELATIONSHIP TO DECEDENT].
	3. [INSERT NAME], [INSERT ADDRESS], [INSERT AGE], [INSERT RELATIONSHIP TO DECEDENT].

**Distribution of assets:**

1. The Decedent has left their real property assets to the following people:
	1. [REAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	2. [REAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	3. [REAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	4. [REAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
2. The total value of the real property assets is $[INSERT TOTAL VALUE AMOUNT].
3. No party, other than those listed at clause 12 in connection with the relevant asset, has any entitlement, claim or other interest in such asset.
4. The Decedent has left their personal property assets, excluding motor vehicles, to the following people:
	1. [REAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	2. [REAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	3. [REAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	4. [REAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
5. The total value of the personal property assets is $[INSERT TOTAL VALUE AMOUNT].
6. No party, other than those listed at clause 15 in connection with the relevant asset, has any entitlement, claim or other interest in such asset.
7. The Decedent has left their motor vehicles to the following people:
	1. [PERSONAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	2. [PERSONAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	3. [PERSONAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
	4. [PERSONAL PROPERTY DESCRIPTION], $[INSERT VALUE AMOUNT], [INSERT RECIPIENT NAME].
8. The total value of the motor vehicles is $[INSERT TOTAL VALUE AMOUNT].
9. No party, other than those listed at clause 18 in connection with the relevant asset, has any entitlement, claim or other interest in such asset.
10. The total value of all of the assets is $[INSERT OVERALL TOTAL AMOUNT].

**Contact information:**

1. My relationship to the Decedent is that of an [INSERT RELATIONSHIP].
2. My address is [INSERT ADDRESS].
3. My mailing address is [INSERT MAILING ADDRESS].
4. My telephone number is [INSERT TELEPHONE NUMBER].

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**Signature**

**Printed name:**

**Date:**

**NOTARY OF ACKNOWLEDGEMENT**

State of: Iowa

Country of: USA (**Seal**)

This Affidavit of Small Estate was acknowledged on the [INSERT DATE] by the undersigned, [INSERT UNDERSIGNED NAME], who has satisfactorily proven to me to be the person whose name is subscribed to this document and acknowledged to me that they executed the same in his/her authorized capacity, and who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters states herein are true to the best of they information, knowledge and belief.

I certify under penalty of perjury under the laws of the State of Iowa that the foregoing paragraph is true and correct.

**WITNESS** my hand and official seal.

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**Signature**

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**Notary Public**

**My Commission Expires on the:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_