

**SMALL ESTATE AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 ) §  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, residing at \_\_\_\_\_,  
being duly sworn, deposes and says: \_\_\_\_\_, insured under policy  
number \_\_\_\_\_ issued by \_\_\_\_\_, died on date of  
\_\_\_\_\_ at \_\_\_\_\_

((PLACE OF DEATH))

leaving no will, and no petition for the appointment of a personal representative is pending or has been granted.

Thirty (30) days have elapsed since the death of the decedent, and the value of the entire estate does not exceed \_\_\_\_\_ **Dollars (\$ \_\_\_\_\_)**.

All funeral expenses and expenses of last illness of the decedent have been paid as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and there are no unpaid debts of the decedent or decedent's estate except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following relatives of the decedent were surviving at the time of the decedent's death:

<u>RELATIONSHIP</u>	<u>NAME</u>	<u>AGE</u>	<u>RESIDENCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The names of heirs-at-law of the decedent are listed above, and there are no others who could claim an interest in the estate.

The undersigned hereby agrees to indemnify and hold harmless \_\_\_\_\_ from any and all costs, attorney fees, actions, loss or damage which it may suffer by virtue of payment to me (us) under and because of the said policy of insurance.

\_\_\_\_\_  
(SIGNATURE OF AFFIANT)  
\_\_\_\_\_  
(MAILING ADDRESS)  
\_\_\_\_\_  
(MAILING ADDRESS)  
\_\_\_\_\_  
(RELATIONSHIP TO THE DECEDENT)

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

\_\_\_\_\_  
(NOTARY PUBLIC)