



SMALL ESTATE AFFIDAVIT

STATE OF: _____) SS.
COUNTY OF: _____)

_____, residing at _____
(Affiant's Address)

being duly sworn, deposes and says:

_____, insured under policy number(s) _____
(Insured/Deceased)

issued by _____ died on the date of _____
(Insurance Company)

leaving no will, and that no petition for the appointment of an executor or administrator of the decedent's estate has been granted, is pending or contemplated; that all of the bills, debts, expenses, taxes and charges of whatsoever kind or nature of either said decedent or said Decedent's Estate have been paid except for funeral expenses in the amount of _____; and that the gross value to the Decedent's real and personal property, excluding exempt property, does not exceed \$ _____.

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

Table with 4 columns: Relationship, Name, Age, Address. Multiple empty rows for data entry.

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 recognizes that the Insurance Company will rely on this Affidavit, agrees to indemnify Insurance Company from any claim of suit (including Attorney's fees) filed arising out of the subject policy, and request said Insurance Company to waive the requirement of administration and honor the instructions attached to the affidavit.

_____)
(Signature of Affiant)

_____)
(Relationship of the Decedent)

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____)
(SIGNATURE OF NOTARY PUBLIC)

_____)
(NOTARY STAMP OR SEAL)