| | Cause No | |
|------------------|----------|-----------------------|
| IN THE ESTATE OF | Ş | COUNTY COURT AT LAW |
| | _, § | OF |
| DECEASED | Š Š | CORYELL COUNTY, TEXAS |

Small Estate Affidavit

On the dates indicated below, all of the Distributees of this estate and two disinterested witnesses personally appeared and, on their oath, did swear or affirm to the accuracy of the following facts, pursuant to Chapter 205 of the Texas Estates Code:

| A. | Decedent, | | | _, died on the | day of |
|----|-----------|-------|---|-----------------|-----------|
| | | , 20i | n | _County, Texas. | A copy of |

Decedent's death certificate will be filed in this cause number at the time this Affidavit is filed.

- B. More than 30 days have elapsed since Decedent's death.
- C. Decedent was a resident of and domiciled in _____ County, Texas, at the time of Decedent's death. [If not Coryell County, the affidavit must include facts supporting venue in Coryell County.]
- D. Decedent died without a will.
- E. No administration is pending or has been granted in Decedent's estate and none appears necessary.
- F. The total value of Decedent's estate assets on the date of this affidavit, not including homestead and exempt property, is \$75,000.00 or less.
- G. The total value of Decedent's estate assets, not including homestead and exempt property, exceeds the total value of known liabilities.
- H. Medicaid check the accurate box:
 - □ The Decedent did not apply for and receive Medicaid benefits on or after March 1, 2005.

<u>OR</u>

□ Decedent did apply for and receive Medicaid benefits on or after March 1, 2005, and the Medicaid Estate Recovery Program claim is listed as a liability in section "J" below.

<u>OR</u>

□ The Decedent did apply for and receive Medicaid benefits on or after March 1, 2005, but there is no Medicaid claim against the estate. [If this box is checked, applicant(s) <u>must</u> either (1) file a Medicaid Estate Recovery Program (MERP) certification that decedent's estate is not subject to a MERP claim or (2) include additional information proving that a MERP claim will not be filed.]

I. All assets of the Decedent's estate and their values are listed here.

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NOTE: Community property is property acquired during marriage other than by gift or inheritance. Separate property is property owned before marriage or acquired by gift or inheritance during marriage.

| | <u> ሰ</u> ሰ | Additional information | | |
|---|--|--|--|--|
| Description of Asset(s) | \$\$ value of | 1. If decedent was married, indicate: | | |
| List each asset with enough detail to identify | Decedent's interest | whether each asset was community or separate property, and | | |
| exactly what the asset is. For example , give | on date of affidavit | <u>facts</u> that explain why the asset was community or separate, and | | |
| bank name and last four digits of an account | For each asset, list the value of Decedent's interest in that | total value of each community property asset. | | |
| number; give life insurance company name; | asset. An affidavit cannot be | 2. If decedent was survived by a spouse, minor children, or unmarried adult | | |
| give description of car plus VIN number; give address & legal description of real property. | approved with an asset of | children who lived with decedent, the list of known estate assets must indicate which assets applicant claims are exempt. See checklist for more information. | | |
| | "unknown" value. | Use additional pages as necessary. | | |
| | | Use auditional pages as necessary. | | |
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(Continue list as necessary. If list is continued on another page, please note.)

J. All liabilities/debts of the Decedent's estate and their values must be listed here, as of the date the affidavit is signed. The affidavit must list *all* of Decedent's existing debts and other liabilities including all credit card balances, doctor and hospital bills, utility bills, etc. – *everything* owed by Decedent or Decedent's estate and not paid off.

If none, write "none."

If funeral debts or attorney's fees and expenses will be paid from estate assets, list them here.

| Description of Liabilities / Debts: | List with enough detail to identify the creditor & any account. | Balance Due |
|-------------------------------------|---|-------------|
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(Continue list as necessary. If list is continued on another page, please note.)

If you did not list attorney's fees as a liability above but one or more distributees have paid or will pay attorney's fees for this small estate affidavit, indicate the amount of those fees here: \$_____. Also indicate who has paid or will pay the fees: _____.

K. The following facts regarding Decedent's family history show who is entitled to what share of Decedent's estate, to the extent that the assets of Decedent's estate, exclusive of homestead and exempt property, exceed the liabilities of Decedent's estate. *[Put check marks in the appropriate small boxes, and provide additional information as indicated.]*

Family History #1: Marriage. On the date of Decedent's death, Decedent was a single person. OR On the date of Decedent's death, Decedent was married to _______.

| Fa | Family History #2: Children. | | | | | | |
|----|---|----------------------|------------------------------|--|--|--|--|
| | Decedent had no children by birth or adoption, and Decedent did not take any children into Decedent's home to raise as a child. (Skip to Family History #4 if you check this box.) | | | | | | |
| OR | | | | | | | |
| | The following children were born to or adopted by Decedent. List <u>all</u> children, whether or not the child is still alive and whether or not parental rights were later terminated. If parental rights were terminated for any child, give details on separate page(s). | | | | | | |
| | Child's name | Birth date, if known | Name of child's other parent | | | | |
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(Continue list as necessary. If list is continued on another page, please note.)

Family History #3: Children, part 2. Answer if Decedent had any children.

□ All of Decedent's children, by birth or adoption, were alive when Decedent died. (If any child died <u>after</u> the Decedent, contact the Court before getting signatures on this form.)

<u>OR</u>

□ The following of Decedent's children, by birth or adoption, died <u>before</u> the Decedent's death and were survived by children (or grandchildren or great-grandchildren):

| Name of deceased child (followed by the name of the deceased child's other parent in parentheses) | Date child died | Names of all children of the deceased child (if any of these children died before Decedent, use a separate page to give date of death, plus names & birth dates of all grandchildren) |
|---|--------------------|---|
| | | |
| | | |

(Continue list as necessary. If list is continued on another page, please note.)

AND/OR

□ The following of Decedent's children, by birth or adoption, died <u>before</u> the Decedent's death and were not survived by any children, grandchildren, or great-grandchildren:

| Name of deceased child | Date child died | |
|---------------------------------------|-----------------|--|
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If Decedent was survived by any children, grandchildren, or great-grandchildren, you do not need to answer Family History #4 about Parents or Family History #5 about Sisters and Brothers. You may skip to "L" (following #5).

| Fa | Family History #4: Parents. | | | | |
|----------|--|-----------|----------|--|--|
| | The Decedent was survived by both parents, | | (mother) | | |
| <u> </u> | | | | | |
| | Decedent was survived by only one parent, | | | | |
| | Decedent's other parent, | , died on | · | | |
| OR | | | | | |
| | Both of Decedent's parents died before Decedent's death. | | | | |

Family History #5: Sisters and Brothers.

The following information about Decedent's sisters and brothers is <u>not</u> needed if Decedent was survived by both parents <u>or</u> by children, grandchildren, or great-grandchildren.

The following are all of Decedent's brothers and sisters who were alive on the date Decedent died, including half-brothers and half-sisters who were born to *either* of Decedent's parents. If none, write "none." If any of the following are now deceased, indicate date of death.

| Name of brother or sister | State whether full or half-sibling | g Birth date |
|---------------------------|------------------------------------|--------------|
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(Continue list as necessary. If list is continued on another page, please note.)

AND

□ The following of Decedent's brothers and sisters (including half-brothers and half-sisters who were born to *either* of Decedent's parents) **died before Decedent's death**.

If none, write "none."

| | Name of deceased brother or sister (followed by the date of death in parentheses) | Full or half sibling? | Names of all children of deceased brother or sister (nephews and nieces of Decedent) that were alive on the date Decedent died. <i>If any</i> <i>died before Decedent died, contact the Court.</i> | Birth dates of nieces & nephews |
|------|---|-----------------------------|---|------------------------------------|
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| (Con | tinue list as necessary. If list is c | continued on | another page, please note.) | |

Family History #6: Other.

Fill out a separate page (or pages) <u>if</u> Decedent was survived by <u>none</u> of the following: spouse, child, grandchild, parent, brother, sister, half-brother, half-sister, niece, or nephew. If Decedent was survived by none of the above, list all of the surviving relatives of Decedent on a separate page. Specify Decedent's family history with respect to each of the survivors, giving sufficient detail about names, birth dates, death dates, and relationships to explain how each survivor is related to Decedent.

EVERYONE MUST FILL OUT THE FOLLOWING CHART. Before filling

out the chart, see #13 & #15 and pages 6-8 of the Court's Small Estate Affidavit Checklist.

L. Based on the family history given in this Affidavit, the following chart lists all of the Decedent's heirs at law, together with their fractional interests in Decedent's estate:

| For each Dis 1. Na | tributee, list: me | Share of separate personal property | Share of separate real property | Share of decedent's community property |
|-----------------------|--|--|---|--|
| 2. Ac | ldress lephone number nail address | (this column MUST be filled out) | (this column MUST be filled out, <i>even if</i> you do not list any real property) | (if decedent was married, you must always fill out this column) |
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(Continue list as necessary. If list is continued on another page, please note.)

Affidavits and signatures of <u>all</u> Distributee(s).

As needed, include other signature pages for additional distributees.

*** <u>Every</u> signature page for <u>every</u> distributee must include the box below:

We, as Distributees of the Decedent and as indicated by our signatures below, do solemnly swear or affirm the following:

- the foregoing Affidavit was completed by persons who have actual knowledge of the stated facts;
- *all of the facts stated in the foregoing Affidavit are true and complete; and*
- each of us has legal capacity.

We pray that this Affidavit be filed in the records of the Coryell County Clerk; that the same be approved by the Court; and that the Clerk issue certified copies of this Affidavit and the order approving it as evidence of Distributees' right to inherit the property of Decedent as described above.

We understand that Estates Code §205.007(c) provides that "[e]ach person who execute[s] [this] affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit."

STATE OF _____ §
COUNTY OF _____ §

I am a Distribute in the Estate of _______, Deceased. I swear or affirm that I have personal knowledge of the facts stated in the foregoing Affidavit and that the facts contained in the Affidavit are true and complete to the best of my knowledge.

Distributee's printed name

Distributee's signature

| SWORN TO AND SUBSCRI | BED before me by | | _ [name of Distributee], a |
|--------------------------|------------------|------|----------------------------|
| Distributee, on this the | _ day of | , 20 | |

Notary Public, State of

Notary Public, State of

 STATE OF _______
 §

 COUNTY OF _______
 §

I am a Distribute in the Estate of ______, Deceased. I swear or affirm that I have personal knowledge of the facts stated in the foregoing Affidavit and that the facts contained in the Affidavit are true and complete to the best of my knowledge.

(SEAL)

(SEAL)

Affidavits and signatures of two disinterested witnesses

| STATE OF | § |
|-----------|---|
| COUNTY OF | § |

I have no interest in the Estate of ______, Deceased, and am not related to Decedent under the laws of descent and distribution of the State of Texas. I swear or affirm that the facts contained in this Affidavit regarding family history, assets, and liabilities are true and complete to the best of my knowledge.

I understand that Estates Code §205.007(c) provides that "[e]ach person who execute[s] [this] affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit."

| Disinterested Witness's printed name | Disinterested Witness's signature |
|---|--|
| SWORN TO AND SUBSCRIBED before me by | [name of witness], a |
| disinterested witness, on this the day of | [name of witness], a |
| (SEAL) | Notary Public, State of |
| | |
| STATE OF § COUNTY OF § | |
| facts contained in this Affidavit regarding family his the best of my knowledge. | |
| affidavit is liable for any damage or loss to c | ovides that "[e]ach person who execute[s] [this] any person that arises from a payment, delivery, in reliance on the affidavit." |
| · · · · · · · · · · · · · · · · · · · | |
| Disinterested Witness's printed name | Disinterested Witness's signature |
| SWORN TO AND SUBSCRIBED before me by disinterested witness, on this the day of | [name of witness], |
| disinterested witness, on this the day of | , 20 |
| (SEAL) | Notary Public, State of |
| Prepared in the Law Office of: | |

[Attorney signature block]

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