

CAUSE NO. _____

Estate of _____, § In Probate Court
§
§ of
§
Deceased § Parker 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 _____, 20_____ in _____ County, Texas.
- 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.
- 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 value of the entire assets of the estate of Decedent, not including homestead and exempt property, does not exceed \$75,000.00.
- G. The value of the entire assets of the estate of Decedent, not including homestead and exempt property, exceeds the known liabilities.
- H. Medicaid – check the accurate box:
 - The Decedent did not apply for and receive Medicaid benefits on or after March 1, 2005.
 - OR**
 - 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.
 - OR**
 - 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) must either (1) file a Medicaid Estate Recovery Program (MERP) certification that decedent’s estate is not subject to a MERP claim or (3) 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.

<p style="text-align: center;">Asset</p> <p>List with enough detail to identify the asset, including the last three digits of any account number(s).</p>	<p style="text-align: center;">Value</p>	<p style="text-align: center;">Additional information</p> <p>If decedent was married, indicate:</p> <ul style="list-style-type: none"> • whether each asset was community or separate property, and • facts that explain why the asset was community or separate <p>If exempt property, so indicate. Use additional pages as necessary.</p>

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

J. **All** liabilities of the Decedent’s estate (including attorney fees and funeral debts) and their values are listed here. If none, write “none.”

<p style="text-align: center;">Creditor</p> <p>List with enough detail to identify the creditor & any account.</p>	<p style="text-align: center;">Amount of Liability</p>

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

K. The following facts regarding Decedent’s family history show the Distributees’ entitlement to Decedent’s estate to the extent that the assets, 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 _____.

The date they were married: _____.

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 all children, whether or not the child is still alive).

Child's name	Birth date, if known	Name of child's other parent

(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, natural born or adopted, were alive when Decedent died.

OR

- The following of Decedent's children, natural born or adopted, died before the Decedent's death **and were survived by children (or grandchildren or great-grandchildren):**

Name of deceased child	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, natural born or adopted, died before the Decedent's death **and were not survived by any children, grandchildren, or great-grandchildren:**

Name of deceased child	Date child died

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

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).

Family History #4: Parents.

The Decedent was survived by both parents, _____ (mother) and _____ (father).

OR

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 not needed if Decedent was survived by both parents or by a spouse or by children, grandchildren, or great-grandchildren.

The following are all of Decedent's **surviving** brothers and sisters, including half-brothers and half-sisters who were born to *either* of Decedent's parents:

Name of brother or sister	State whether full or half-sibling	Birth date

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

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:**

Name of deceased brother or sister	Full or half sibling?	Names of each surviving child of the deceased brother or sister (nephews and nieces of Decedent)	Birth dates of surviving nieces & nephews

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

Family History #6: Other.

Fill out a separate page *if* Decedent was survived by ***none 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. (See #13 of the 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 interest in Decedent's estate:

For each Distributee, list: 1. Name 2. Address 3. Telephone number 4. Email address 5. Fax number, if available	Share of separate personal property (always fill out this column)	Share of separate real property (always fill out this column)	Share of decedent's community property (fill out this column if decedent was married)

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

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 _____, 20_____.

(SEAL)

Notary Public, State of _____

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.

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Disinterested Witness’s printed name

Disinterested Witness’s signature

SWORN TO AND SUBSCRIBED before me by _____ [name of witness],
disinterested witness, on this the _____ day of _____, 20_____.

(SEAL)

Notary Public, State of _____