	NO	
	In the	
	Small Estate Affidavit	
•	On the dates indicated below, all of the Distributees of this estate and two disinterested witnesses resonally appeared and, on their oath, did swear or affirm to the accuracy of the following facts, resuant to Chapter 205 of the Texas Estates Code:	
A.	Decedent,, died on the day of	
	, 20 in County, Texas. A copy of	
	Decedent's death certificate will be filed in this cause number at the time this Affidavit is filed.	
В.	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 in this County, the affidavit must include facts supporting venue in this 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 an exempt property, is \$75,000.00 or less.	d
G.	The total value of Decedent's estate assets, not including homestead and exempt property, exceeds the total value of known liabilities.	3
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 Medica Estate Recovery Program claim is listed as a liability in section "J" below.	aid
	 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 Notarize 	s

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.

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.

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

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

(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

(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: \$					
o ir	ndicate who has paid or will pay the fees: $_$		·		
ζ.	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.]				
an	nily History #1: Marriage.				
]	On the date of Decedent's death, Decedent w	vas a single person.			
<u>DR</u>					
_	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.)				
<u> </u>					
	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 Name of child's other parent known				
	(Continue list as necessary. If list is continued on another page, please note.)				
	orne o ir <. =an =an =an	Conthe date of Decedent's death, Decedent vertex date they were married: Conthe following facts regarding Decedent's fam Decedent's estate, to the extent that the asse exempt property, exceed the liabilities of December 1. Marriage. On the date of Decedent's death, Decedent vertex date they were married: Family History #1: Marriage. On the date of Decedent's death, Decedent vertex date they were married: Family History #2: Children. Decedent had no children by birth or adoption Decedent's home to raise as a child. (Skip to DR) The following children were born to or adopted the child is still alive and whether or not parer were terminated for any child, give details on Child's name	orney's fees for this small estate affidavit, indicate the amount of indicate who has paid or will pay the fees: C. The following facts regarding Decedent's family history show who Decedent's estate, to the extent that the assets of Decedent's estate. If the same indicated seems and provide additional information as indicated. Family History #1: Marriage. On the date of Decedent's death, Decedent was a single person. On the date of Decedent's death, Decedent was married to date they were married: Decedent had no children by birth or adoption, and Decedent did Decedent's home to raise as a child. (Skip to Family History #4 in the child is still alive and whether or not parental rights were later were terminated for any child, give details on separate page(s). Child's name Birth date, if known		

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 after the Decedent, talk with a lawyer 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) (followed by the name of the deceased child) (followed by the name of the deceased child) (if any of these children died before Decedent, use a separate page to give date of death, plus names & b dates of all grandchildren)			edent, use a		
	Continue list on management lists			Leave mate.)		
	(Continue list as necessary. If list i	s continuea a	on another page, pi	lease note.)		
	<u>D/OR</u>					
	The following of Decedent's chi and were not survived by any	•	•			
	Name of deceased child	Cililai eii, g		Date child died	i eii.	
	Haine of deceased clinic			Date cilia dica		
	(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 parent	:S,		(mother)	
	and (father).					
<u>OR</u>						
	Decedent was survived by only	one parent	,			
	Decedent's other parent,			, died on		
<u>OR</u>						
	Both of Decedent's parents die	d hefore De	cedent'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.					
	Name of brother or sister			State whether full or half-sibling	Birth date
AND	 (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?	or sister Deceder Deceder	of all children of deceased brother r (nephews and nieces of nt) that were alive on the date nt died. If any died before nt died, contact the Court.	Birth dates of nieces & nephews
(Con	tinue list as necessary. If list is co	ontinued on a	another pa	ge, 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 *L* of the Instructions & Forms Using a Small Estate to Probate an Estate in Texas and the Texas Descent and Distribution Chart.

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 Distributee, list: 1. Name	Share of separate	Share of separate real property	Share of decedent's community property
2. Address3. Telephone number	personal property	(this column MUST be filled out, even if	(if decedent was married, you must
4. Email address	(this column MUST be filled	you do not list any real property)	always fill out this column)
	out)	real property)	Columny

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

M. Affidavits and signatures of all Distributee(s).

As needed, include other signature pages for additional distributees.

*** Every signature page for every distributee must include the box below:

We, as Distributees of the Decedent and as indicate affirm the following: the foregoing Affidavit was completed by per all of the facts stated in the foregoing Affidavit each of us has legal capacity.	rsons who have actual knowledge of	
We pray that this Affidavit be filed in the records o	of the Cou	inty Clerk; that the
same be approved by the Court; and that the Cler approving it as evidence of Distributees' right to in	k issue certified copies of this Affida	vit and the order
We understand that Estates Code §2 execute[s] [this] affidavit is liable for any a payment, delivery, transfer, or iss		rises from
STATE OF		
I am a Distributee in the Estate of swear or affirm that I have personal knowledge of facts contained in the Affidavit are true and complete		
Distributee's printed name	Distributee's signature	
SWORN TO AND SUBSCRIBED before me by		[name of Distributee], a
SWORN TO AND SUBSCRIBED before me by Distributee, on this the day of	, 20	
(SEAL)	Notary Public, State of	
STATE OF		
I am a Distributee in the Estate of swear or affirm that I have personal knowledge of facts contained in the Affidavit are true and complete.	the facts stated in the foregoing Affic	
Distributee's printed name	Distributee's signature	
SWORN TO AND SUBSCRIBED before me by Distributee, on this the day of	, 20	[name of Distributee], a
(SEAL)	Notary Public, State of	

N. Affidavits and signatures of two disir	nterested witnesses
STATE OF	
related to Decedent under the laws of descent a	, Deceased, and am not and distribution of the State of Texas. I swear or affirm g family history, assets, and liabilities are true and
affidavit is liable for any damage or loss t	c) provides that "[e]ach person who execute[s] [this] to any person that arises from a payment, delivery, nade in reliance on the affidavit."
Disinterested Witness's printed name	Disinterested Witness's signature
SWORN TO AND SUBSCRIBED before me by witness, a disinterested witness, on this the	
(SEAL)	Notary Public, State of
STATE OF	
related to Decedent under the laws of descent a	, Deceased, and am not and distribution of the State of Texas. I swear or affirm g family history, assets, and liabilities are true and
affidavit is liable for any damage or loss t	(c) provides that "[e]ach person who execute[s] [this] to any person that arises from a payment, delivery, nade in reliance on the affidavit."
Disinterested Witness's printed name	Disinterested Witness's signature
District octor Without of printer harne	Biointerested Withese & dignature
SWORN TO AND SUBSCRIBED before me by witness, a disinterested witness, on this the	[name of, 20
(SEAL)	Notary Public, State of