NO. C-1-PB-_____-_____

Estate of	§	**In Probate Court No. 1**
	§	
_____,	§	**of**
	§	
Deceased	§	**Travis 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. 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 Travis County, the affidavit must include facts supporting venue in Travis 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 value of the entire assets of the estate of Decedent, not including homestead and exempt property, does not exceed $50,000.00.

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 (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 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**	**Additional information** *If decedent was married, indicate:* *1. whether each asset was community or separate property, **and*** *2. **facts** that explain why the asset was community or separate* *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.*

(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 are listed here. The affidavit must list ***all*** of Decedent's 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: $_____.
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 _____.

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 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

(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 heir died **after** the Decedent, contact the Court Administrator before getting signatures on this form.)*

OR

☐ The following of Decedent's children, by birth or adoption, died before 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 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 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	Birth date

(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 the deceased brother or sister (nephews and nieces of Decedent) that were alive on the date Decedent died**	**Birth dates of nieces & nephews**

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

Family History #6: Other.

Fill out a separate page (or pages) ***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. Before filling out the chart, see #13 & #15 and pages 4-6 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 Distributee, list: **1. Name** **2. Address** **3. Telephone number** **4. Email address**	**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 <u>all</u> Distributee(s).

As needed, include other signature pages for additional distributees.

Every signature page for a 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 Travis 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 Distributee 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 SUBSCRIBED before me by _____ *[name of Distributee]*, a Distributee, on this the _____ day of _____, 20____.

_____
(SEAL) Notary Public, State of _____

STATE OF _____ §
COUNTY OF _____ §

I am a Distributee 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 SUBSCRIBED before me by _____ *[name of Distributee]*, a Distributee, on this the _____ day of _____, 20____.

_____
(SEAL) Notary Public, State of _____

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.

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]*, disinterested witness, on this the _____ day of _____, 20____.

(SEAL) _____
Notary Public, State of _____

Prepared in the Law Office of:
[Attorney signature block]