DELAWARE SMALL ESTATE AFFIDAVIT AFFIDAVIT FOR THE COLLECTION OF PROPERTY

County of _____) State of _____) ss.

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1. **THE DECEDENT**. This Delaware Small Estate Affidavit ("Affidavit") made on ______, 20_____ acts as a petition regarding the estate of:

A copy of the Decedent's death certificate shall be submitted along with this Affidavit.

- THE AFFIANT. The name of the person preparing this Affidavit is ______ with a mailing address of ______ ("Affiant").
- **3. DAYS AFTER DEATH**. The Decedent died on the Date mentioned in Section 1, which is more than the statutory limit of _____ days required to file this Affidavit.
- 4. **STATUTORY AMOUNT**. The estimated value of the Decedent's estate does not exceed the monetary limit of \$______ imposed by the state of
- 5. **PROPERTY AND ASSETS**. The property and assets of the Decedent's estate are as follows:

<u>Description</u>	<u>Value (\$)</u>
	 \$

6. **DEBTS AND LIABILITIES**. The debts and liabilities of the Decedent's estate are as follows:

Description	<u>Value (\$)</u>
	\$
	\$
	\$
	\$
	\$

7. THE HEIRS. All heirs, devisees, or possible beneficiaries of the Decedent are listed below:

Heir's Name: Address:	Relationship:	
Phone:	E-Mail:	
Heir's Name: Address:	Relationship:	
Phone:	E-Mail:	
<u>Heir's Name</u> : Address:		
Phone:	E-Mail:	

Hereinafter known as the "Heirs" and shall be given notice of this Affidavit within 30 days of filing with the court.

8. TRANSFER OF PROPERTY. The following Heirs are entitled to the following property:

<u>Property</u>	<u>Heir's Name</u>

- **9. OFFICIAL STATEMENT**. I, the Decedent, declare under penalty of perjury under the laws of the state of Delaware that the information I have provided in this Affidavit are true and correct.
 - a. <u>Pending Administration</u>. There is no pending administration of the Decedent's estate.
 - b. <u>Probate</u>. There is no reasonable expectation that probate of the Decedent's estate is soon or ever shall commence.
 - c. <u>Governing Law</u>. This Affidavit is governed under the laws located in the state of Delaware.
- **10. EXECUTION**. With my signature below, I certify to be an authorized representative to represent the Heirs of the Decedent's estate and the information mentioned herein is true and correct.

Affiant's Signature: _	Da	e:
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Print Name: _____

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