AFFIDAVIT FOR DISTRIBUTION OF PROPERTY

In Accordance with IA §633.356

AFFIDAVIT OF	
•	(Distributee's Name)

	FOR COL	LECTION OF DECE	EDENT'S PRO	OPERTY	
	tributee's name),		, being first	duly sworn upor	n oath,
deciai	e that the following statement	is are true.			
1.	Decedent,in the County of	, died	d on the	day of	, 20
	in the County of	, in the State of Iowa	a. A copy of D	Decedent's death	certificate will
	be filed alongside this Affid	avit.			
2.	My name is	, of			[Address],
	[State].				
3.	More than forty (40) days had of the death certificate of the	-	dent's death a	s shown by an at	ttached certified copy
4.	I am either an heir of the De of the Decedent in the deced will shall be attached, and and district court in accordance with the deceder of the Decedent in the deceder will shall be attached.	lent's will. If Decedent nother copy shall be de	died testate, a	copy of the Dec	cedent's
5.	No administration is pending or has been granted in Decedent's estate and none appears necessary.				
6.	The Descendant's estate value	ue of assets exceeds the	e estate's prese	ently known liab	vilities.
7.	The value of the entire assets of the estate of Decedent, not including homestead and exempt property, that would otherwise be distributed by will or intestate succession does not exceed the limit of \$50,000 set by the State of Iowa.				
8.	The value of the entire asset property, exceeds the known		dent, not inclu	ding homestead	and exempt
9.	At time of signing, there is n	no reasonable expectati	on that a prob	ate of the Descer	ndant's

estate is soon to commence.

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

Description of Asset(s) List with enough detail to identify exactly what the asset is. For example, give bank name and lastfour 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 exempt property, so indicate. 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 Use additional pages as necessary.
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	\$	
	\$	
	\$	
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	\$	

- 11. **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 such as made places	

	Also indicate	who has paid or	will pay the fees	:
Dec exe	cedent's estate, to the ext	ent that the assets liabilities of Deco	of Decedent's e edent's estate. [1	who is entitled to what share state, exclusive of homestead Put check marks in the appro
amily	History #1: Marria	age.		
<u>On th</u> R	he date of Decedent's	death, Deceden	t was a single _l	person.
	he date of Decedent's	<u>death</u> , Deceden	t was married t	0
			e they were ma	
	. II: 4			
amily	' History #Z: Chilar	en.		
•	History #2: Childred tedent had no children by		and Decedent d	lid not take any childreninto
Dec	•	birth or adoption,		lid not take any childreninto 4 if you check this box.)
Dec Dec	edent had no children by	birth or adoption,		•
December December DR The the control of the contro	redent had no children by redent's home to raise as	birth or adoption, a child. (Skip to F e born to or adopte ether or not paren	Family History # ed by Decedent. tal rights were la	4 if you check this box.) List <u>all</u> children, whetheror atter terminated. If parental right
December December DR The the converse were	redent had no children by redent's home to raise as following children were child is still alive and wh	birth or adoption, a child. (Skip to F e born to or adopte ether or not paren	Family History # ed by Decedent. tal rights were la	4 if you check this box.) List <u>all</u> children, whetheror atter terminated. If parental right.
December December DR The the converse were	redent had no children by redent's home to raise as following children were child is still alive and whe terminated for any child	birth or adoption, a child. (Skip to F e born to or adopte ether or not paren	Family History # ed by Decedent. tal rights were laseparate page(s). Birth date, if	4 if you check this box.) List <u>all</u> children, whetheror ter terminated. If parental right
December December DR The the converse were	redent had no children by redent's home to raise as following children were child is still alive and whe terminated for any child	birth or adoption, a child. (Skip to F e born to or adopte ether or not paren	Family History # ed by Decedent. tal rights were laseparate page(s). Birth date, if	4 if you check this box.) List <u>all</u> children, whetheror ter terminated. If parental right
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Fa	Family History #3: Children, part 2. Answer if Decedent had anychildren.					
	All of Decedent's children, by birth or adoption, were alive when Decedent died.					
OF	br.					
	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 parentin 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 & birthdates of all grandchildren)			
	(Continue list as neco	L essary. If list is	s continued on another page, please note.)			
AN	ND/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 (Continue list as necessary. If list is continued on another page, please note.)					
Far	mily History #4: Parents	<u>.</u>				
			ents, (father).			
<u>OR</u>						
	Decedent was survived by on	ly one pare	ent,			
	Decedent's other parent,		, died on			
ΛP	·					
<u>OR</u> □	Both of Decedent's parents d	ied before	Decedent's death.			

Fan	nily History #5: Sister	s and Rr	others			
The	following information abou ived by both parents <u>or</u> by c	t Deceden	t's sister	s and brothers is <u>not</u> i	v	Decedentwas
	The following are all of De Decedent died , including he Decedent's parents. If none date of death.	alf-brothe	rs and ha	alf-sisters who were b	orn to <i>eith</i>	ner of
	Name of brother or sister			State whether full or hasibling	alf-	Birth date
	(Continue list as	necessary	If list is co	ntinued on another page, j	nlease note)
	The following of Decedent who were born to <i>either</i> of	's brothers	and sist	ers (including half-bro	others and	half-sisters
	Name of deceased brother or sister (followed by the date of death in parentheses)	Full or half sibling?	brother	of all children of the dece or sister (nephews and n nt) that were alive on the nt died	nieces of	Birth dates of nieces & nephews

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.

HEIRS OR DISTRIBUTEES OF THE DECENDENT.

13. 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. Tax Identification Number (TIN) 5. Relationship to Decedent 6. Any Legal Disability (If Applicable)	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)
(Continua list as nacassary H			

SIGNATURE OF DISTRIBUTEE (AFFIANT)

STATE OF§	
COUNTY OF §	
I am a Distributee in the Estate of I swear or affirm that I have personal knowledge of the 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 Distributee, on thisday of,	20
(SEAL)	
	Notary Public. State of

AFFIDAVITS AND SIGNATURES OF TWO (2) DISINTERESTED WITNESSES

STATE OF	.§	
COUNTY OF §	§	
	facts contained in	, Deceased, cent and distribution of the State of this Affidavit regarding family history, st of my knowledge.
Disinterested Witness's printed nan	me	Disinterested Witness's signature
SWORN TO AND SUBSCRIBED b	pefore me by	[name of
witness], a disinterested witness, on the	his theday o	of, 20
(SEAL)		Notary Public, State of
STATE OF		
COUNTY OF §	§	
	facts contained in	, Deceased, scent and distribution of the State of this Affidavit regarding family history, st of my knowledge.
Disinterested Witness's printed nan	me	Disinterested Witness's signature
SWORN TO AND SUBSCRIBED b	pefore me by	[name of
witness], a disinterested witness, on the	his theday o	of, 20
(SEAL)		Notary Public, State of
Prepared in the Law Office of:		
[Attorney signature]		

Page 9 of 9