

**PROBATE COURT FOR THE THIRTIETH JUDICIAL DISTRICT
SHELBY COUNTY, TENNESSEE
SMALL ESTATE AFFIDAVIT LIMITED LETTER OF
AUTHORITY**

This affidavit is to be used to file for an alternative small estate administration of your deceased's (also known as "decedent") estate pursuant to The Small Estates Act, T.C.A. § 30-4-101 *et seq.*

FILING FEES	FORMS REQUIRED	ADDRESS OF PROBATE COURT CLERK'S OFFICE
WITH WILL: \$112.50 WITHOUT WILL: \$107.50 <u>CASH OR</u> CASHIER'S CHECK ONLY! 1 Certified Copy included, additional copies \$5.50 ea	<ul style="list-style-type: none"> • Small Estate Affidavit. • Bond equal to the value of the decedent's estate OR Consents to Serve from ALL heirs (even if Will was left) in order for bond not to be required. • Original Will (if Will left). • Death Certificate (certified copy required). 	Shelby County Probate Court Clerk's Office 140 Adams Ave Room 124 Memphis, TN 38103

Requirements:

- **VALUE:** Total value of all personal property owned by the deceased at death must be \$50,000 or less. Personal property does not include real property (such as house or land).
- **RESIDENCE:** The decedent must have resided in Shelby County when he or she died.
- **WAIT PERIOD:** Forty-five (45) days must have passed since decedent's death. If you need to access property prior to the end of 45 days, file a request in writing with the Court describing the reasons why expedited access is needed.
- **LAST WILL AND TESTAMENT:** If a Last Will and Testament was left, you must file the original version with the Clerk. A Will is not probated under the Small Estate Act, but you must follow the instructions of the Will. Wills requiring administration by the court are not eligible.
- **AUTHORITY TO FILE:** In order to have authority to file this affidavit, you must be an heir at law, or a creditor of the decedent proving the debt on oath before the Court, or have consents to serve from all heirs (if Will not left).
- **NAME OF DECEASED (DECEDENT):** You must state decedent's full LEGAL NAME – not nickname.
- **NOTICE & BOND:** Notice must be given of this action to all heirs at law and all beneficiaries in the Will. Bond shall be set based on the value of the property unless you have consent forms sworn or signed under penalty of perjury from each heir at law (even if a Will was left) and each beneficiary. Note that minors and incompetent (i.e., mentally disabled) adults cannot give consent.

NOTE: The clerk's office is authorized to assist you in completing this form but is prohibited from giving you legal advice. If you have any legal questions, consult an attorney.

PROBATE COURT FOR THE THIRTIETH JUDICIAL DISTRICT
SHELBY COUNTY, TENNESSEE

PROBATE CLERK USE ONLY

DOCKET #: _____

IN RE:

ESTATE OF: _____

Total Assets from Pg 3 :

**SMALL ESTATE AFFIDAVIT LIMITED LETTER OF AUTHORITY FOR ASSET
DISTRIBUTION**

(under authority of T.C.A. § 30-4-101 et. seq.)

I, the undersigned Affiant, do hereby certify and declare the following is true and correct to the best of my belief, knowledge, and information:

1. My full legal name is _____.

2. My address is (city/state/zip) _____.

3. My authority to file this Small Estate Affidavit is:

1. I am an heir at law to the deceased ("decedent").

My relationship to the decedent is: I am his/her _____.

2. All those eligible under either #1 above have consented in writing for me to serve and I am filing those Consents with the clerk.

3. I am a sworn creditor and have provided evidence of the decedent's debt.

4. I am filing on behalf of someone (*you must attach the letter of authority that gives you that authority, such as a Power of Attorney*). Please also check the box indicating why the person you are representing would have authority to serve.

4. The decedent's full legal name was _____.

5. The decedent died on the _____ day of _____, 20_____.

6. The decedent died in the county of _____ in the state of _____.

7. At the time of death, the decedent was _____ years old.

8. At the time of death, the decedent resided in the county of _____ in the state of _____.
If outside the U.S., death was in _____.

9. The decedent left a Last Will and Testament that did not require administration by the court. I have deposited the Will with the Clerk and have filed a copy to support this Affidavit. I understand this Will is not probated but I am directed to follow the provisions in the Will.

The decedent did not leave a Last Will and Testament.

10. DEBTS OF THIS ESTATE

- The decedent did NOT have any unpaid debts at the time of death.
- The decedent left the following known debts that were unpaid at time of death
(you may also include the funeral and burial debts):

Creditor	Creditor's Address	Amount of Debt
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID

If additional sheets are necessary to complete your list, please use the **specified** supplemental page included at the end of this form packet.

11. ASSETS OF THIS ESTATE

- The decedent owned real property (house, land, etc). The decedent did not own real property.

_____ By placing my initials here, I certify that the total value of the decedent's personal property (not real property), as I've specifically listed on the next page, amounts to \$50,000 or less. If I discover that the decedent's assets were more than \$50,000, I will file a Petition with the Court to convert this small estate administration to a full estate administration.

_____ By placing my initials here, I confirm that I understand that as Affiant of this Small Estate, I have no authority to claim, transfer, or distribute any assets owned by the decedent that are not listed on the next page. I understand I may amend this Affidavit if needed but will need to file and amended affidavit with the court for it to be effective.

You will list the assets on the next page.

The decedent owned the following items of personal property. I've included those items owned jointly, but not those items owned jointly with a right of survivorship or owned as tenancies by the entirety. I've included any life insurance policies payable to the deceased or his/her estate.

#	Type of Asset	Description	Amount
	<i>Please list general category, such as Checking Account, Car, Household furnishings, etc.</i>	<i>Please be specific... Include company name; account numbers; year, Make, Model and VIN numbers for vehicles; numbers identifying the instrument, check, or policy, etc, date of note, etc. The person or entity holding the asset may require it.</i>	<i>If unknown, give best estimate. When estimated, write "Est." before amount.</i>
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$

If additional sheets are necessary to complete your list, please use the **specified** supplemental page included at the end of this form packet.

The assets listed above are possessed or under the control of these individuals or entities (if you are holding the asset, just check the box under "***I Have The Asset***" – no need to write your name and address):

# From Above Table	I Have The Asset	Name of Other Person or Entity Who Has the Asset	Address (if bank, just list the branch location)
1	<input type="checkbox"/>		
2	<input type="checkbox"/>		
3	<input type="checkbox"/>		
4	<input type="checkbox"/>		
5	<input type="checkbox"/>		
6	<input type="checkbox"/>		
7	<input type="checkbox"/>		

12. HEIRS AT LAW CERTIFICATION

- a) Did the decedent have a SPOUSE that was living at the time of decedent's death? *i.e. decedent got married and they never got a legal divorce* YES NO
- b) Did the decedent have a CHILD, GRANDCHILD, GREAT GRANDCHILD, or GREAT-GREAT GRANDCHILD living at the time of decedent's death? *include adopted children but do NOT include step-children* YES NO

IF YOU CHECKED "YES", WRITE THESE NAMES IN THE BOX ON THE NEXT PAGE: WRITE THE SPOUSE'S NAME IF YOU CHECKED "YES" TO (a) ABOVE; AND IF YOU CHECKED "YES" FOR (b), WRITE THESE NAMES:

CHILDREN: list only if alive when decedent died.

GRANDCHILDREN: list only if alive when decedent died AND that grandchild's parent was a child of decedent who died before decedent.

GREAT-GRANDCHILDREN: list only if alive when decedent died, AND

1) that great-grandchild's parent was a grandchild of the decedent but died before decedent AND

2) that great-grandchild's grandparent was a child of decedent but died before decedent.

(If a great-grandchild would have been an heir but died before decedent, that person's children would be heirs if living when decedent died, and so-on.)

THESE WILL BE THE ONLY HEIRS AT LAW - DO NOT CONTINUE ON THIS PAGE.

IF YOU CHECKED "NO" IN BOTH BOXES ABOVE:

- c) Did the decedent have a PARENT living at the time of his/her death? YES NO

IF YOU CHECKED "YES," WRITE THE NAMES OF THE PARENTS LIVING AT THE TIME OF DECEDENT'S DEATH IN THE BOX ON THE NEXT PAGE.

THESE WILL BE THE ONLY HEIRS AT LAW - DO NOT CONTINUE ON THIS PAGE.

IF YOU CHECKED "NO" IN ALL BOXES ABOVE:

- d) Did the decedent have a SIBLING (BROTHER/SISTER), or a descendant of the sibling (NIECES/NEPHEWS, GREAT-NIECES/GREAT-NEPHEWS, ETC.) living at the time of his/her death? YES NO

IF YOU CHECKED "YES", WRITE THESE NAMES IN THE BOX ON THE NEXT PAGE:

BROTHER OR SISTER: list only if alive when decedent died.

A NIECE OR NEPHEW: list only if alive when decedent died AND that niece/nephew's parent was a brother or sister of decedent and died before decedent.

GREAT-NIECE/GREAT-NEPHEW: list only if alive when decedent died, AND

1) that great-niece/nephew's parent was a niece or nephew of the decedent but died before decedent AND

2) that great-niece/nephew's grandparent was a brother or sister of decedent but died before decedent .

(if a great-niece/nephew would have been an heir but died before decedent, that person's children would be heirs if living when decedent died, and so-on.)

THESE WILL BE THE ONLY HEIRS AT LAW.

IF YOU CHECKED "NO" IN ALL BOXES ON THE LAST PAGE:

- e) Did the decedent have a MATERNAL GRANDPARENT (mother's side of the family) living at the time of his/her death? YES NO
- f) Did the decedent have a PATERNAL GRANDPARENT (father's side of the family) living at the time of his/her death? YES NO

STEP ONE: IF YOU CHECKED "YES" TO BOTH: WRITE THE GRANDPARENTS' NAMES LIVING WHEN DECEDENT DIED IN THE BOX BELOW. THOSE ARE THE ONLY HEIRS AT LAW. GO TO NEXT PAGE.

IF YOU CHECKED "YES" TO ONE AND "NO" IN THE OTHER ONE: WRITE THE NAME(S) OF THE LIVING GRANDPARENT(S) AT DECEDENT'S DEATH IN THE BOX BELOW AND PROCEED TO **STEP TWO** BELOW.

IF YOU CHECKED "NO" TO BOTH, PROCEED TO **STEP TWO** BELOW.

STEP TWO: WRITE THESE NAMES IN THE BOX BELOW ONLY IF ALL BOXES ON PRECEDING PAGE WHERE CHECKED "NO" AND AT LEAST ONE BOX ABOVE IS CHECKED "NO":

AUNT OR UNCLE: list only if alive when decedent died AND both parents of that aunt or uncle died before decedent.

COUSIN: list only if alive when decedent died AND

- 1) that cousin's parent was an aunt or uncle of the decedent but died before decedent and
- 2) that cousin's grandparents were also grandparents of the decedent and BOTH died before decedent.

(if a cousin would have been an heir but died before decedent, that person's children would be heirs if living when decedent died, and so-on.)

13. THE HEIRS AT LAW

Affiant must notify each by mailing a copy of this affidavit to the last known address of each.

Name	Mailing Address	Relationship to Decedent	Current Status
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED

If additional sheets are necessary to complete your list, please use the **specified** supplemental page included at the end of this form packet.

14. BENEFICIARIES OF THE WILL

If a Will was left, list those names that were left property in the Will. Affiant must notify each by mailing a copy of this affidavit to the last known address of each.

Name	Mailing Address	Relationship to Decedent	Current Status
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED

If additional sheets are necessary to complete your list, please use the specified supplemental page included at the end of this form packet.

15. OATH

I AFFIRM THAT EVERYTHING ON THIS AFFIDAVIT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND I MAY BE SUBJECT TO THE PENALTY OF PERJURY FOR A FALSE OR MISLEADING AFFIDAVIT. I AM WILLING TO PRESERVE ALL PERSONAL PROPERTY, CANCEL ALL INSURANCE POLICIES THAT ARE NO LONGER APPLICABLE DUE TO THE DECEDENT'S DEATH, AND DISTRIBUTE THE DECEDENT'S PERSONAL PROPERTY AS PURSUANT TO §30-4-101 et seq.. I AM NOT DISQUALIFIED FROM SERVING BECAUSE OF HAVING BEEN SENTENCED TO IMPRISONMENT AS SET FORTH IN TCA §40-20-115 OR OTHERWISE. I AM MINDFUL OF ALL DUTIES IMPOSED UPON MYSELF AS AFFIANT PURSUANT TO T.C.A. §30-4-101 et seq.

YOUR SIGNATURE:	X	PHONE #:
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STATE OF TENNESSEE
COUNTY OF SHELBY

Personally appeared before me, Notary Public/Deputy Clerk, the said _____,
 and after being sworn, deposes and says, subject to the penalty of perjury, that the Affidavit is not false or misleading and that the Affiant is mindful of all duties imposed upon her or him.

SWORN AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____, 20__.

NOTARY PUBLIC/ DEPUTY CLERK X	COMMISSION EXPIRES:
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DEBTS OF THIS ESTATE (ADDITIONS TO PAGE 2 OF AFFIDAVIT)

Creditor	Creditor's Address	Amount of Debt
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID
		\$ <input type="checkbox"/> NOW PAID

This list is continued on another sheet I've attached.

ASSETS OF THIS ESTATE (ADDITIONS TO PAGE 3 OF AFFIDAVIT)

#	Type of Asset	Description	Amount
	<i>Please list general category, such as Checking Account, Car, Household furnishings, etc.</i>	<i>Please be specific... Include company name; account numbers; year, Make, Model and VIN numbers for vehicles; numbers identifying the instrument, check, or policy, etc, date of note, etc. The person or entity holding the asset may require it.</i>	<i>If unknown, give best estimate. If estimated, write "Est." before amount.</i>
8			\$
9			\$
10			\$
11			\$
12			\$
13			\$
14			\$
15			\$
<input type="checkbox"/> This list is continued on another sheet I've attached.			

# From Above Table	I Have The Asset	Name of Other Person or Entity Who Has the Asset	Address (if bank, just list branch location)
8	<input type="checkbox"/>		
9	<input type="checkbox"/>		
10	<input type="checkbox"/>		
11	<input type="checkbox"/>		
12	<input type="checkbox"/>		
13	<input type="checkbox"/>		
14	<input type="checkbox"/>		
15	<input type="checkbox"/>		

ASSETS OF THIS ESTATE (ADDITIONS TO PAGE 3 OF AFFIDAVIT)

#	Type of Asset	Description	Amount
	<i>Please list general category, such as Checking Account, Car, Household furnishings, etc.</i>	<i>Please be specific... Include company name; account numbers; year, Make, Model and VIN numbers for vehicles; numbers identifying the instrument, check, or policy, etc, date of note, etc. The person or entity holding the asset may require it.</i>	<i>If unknown, give best estimate. If estimated, write "Est." before amount.</i>
16			\$
17			\$
18			\$
19			\$
20			\$
21			\$
22			\$
23			\$

This list is continued on another sheet I've attached.

# From Above Table	I Have The Asset	Name of Other Person or Entity Who Has the Asset	Address (if bank, just list branch location)
16	<input type="checkbox"/>		
17	<input type="checkbox"/>		
18	<input type="checkbox"/>		
19	<input type="checkbox"/>		
20	<input type="checkbox"/>		
21	<input type="checkbox"/>		
22	<input type="checkbox"/>		
23	<input type="checkbox"/>		

ASSETS OF THIS ESTATE (ADDITIONS TO PAGE 3 OF AFFIDAVIT)

#	Type of Asset	Description	Amount
	<i>Please list general category, such as Checking Account, Car, Household furnishings, etc.</i>	<i>Please be specific... Include company name; account numbers; year, Make, Model and VIN numbers for vehicles; numbers identifying the instrument, check, or policy, etc, date of note, etc. The person or entity holding the asset may require it.</i>	<i>If unknown, give best estimate. If estimated, write "Est." before amount.</i>
24			\$
25			\$
26			\$
27			\$
28			\$
29			\$
30			\$
31			\$

This list is continued on another sheet I've attached.

# From Above Table	I Have The Asset	Name of Other Person or Entity Who Has the Asset	Address (if bank, just list branch location)
24	<input type="checkbox"/>		
25	<input type="checkbox"/>		
26	<input type="checkbox"/>		
27	<input type="checkbox"/>		
28	<input type="checkbox"/>		
29	<input type="checkbox"/>		
30	<input type="checkbox"/>		
31	<input type="checkbox"/>		

THE HEIRS AT LAW (ADDITIONS TO PAGE 5 OF AFFIDAVIT)

Name	Mailing Address	Relationship to Decedent	Current Status
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
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			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED

This list is continued on another sheet I've attached.

BENEFICIARIES OF THE WILL (ADDITIONS TO PAGE 6 OF AFFIDAVIT)

Name	Mailing Address	Relationship to Decedent	Current Status
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
			<input type="checkbox"/> UNDER 18 <input type="checkbox"/> NOW DECEASED
<input type="checkbox"/> This list is continued on another sheet I've attached.			

In the Probate Court of Shelby County, Tennessee

CONSENT TO SERVE WITHOUT BOND

SMALL ESTATE

IN THE ESTATE OF:

Deceased DOCKET NO:

I, beneficiary of the above-referenced estate, do hereby waive my appointment as the Personal Representative/Affiant of this estate and consent to the appointment of as Personal Representative/Affiant of the estate, as evidenced by my signature below, whether notarized or signed under penalty of perjury, and I further state to the Court that this appointment shall be without Surety Bond.

This day of, 20.

PRINT NAME:

ADDRESS:

Signature State of County of Sworn to and subscribed before me, this day of, 20. Notary Public / Deputy Clerk My Commission Expires: OR I certify under penalty of perjury that the foregoing is true and correct. Signature