

## SMALL ESTATE AFFIDAVIT

This form packet contains these documents:

1. Small Estate Affidavit
2. Affidavit of Disinterested Person (2)
3. Order

### Steps to Follow:

1. **Prepare the Small Estate Affidavit.** When preparing these forms, the “Decedent” is the person who is deceased. It is perfectly all right to hand-write on the forms.
2. **Each Distributee must sign the Affidavit in front of a Notary Public.** DO NOT sign the Affidavit UNTIL you are in front of the Notary.
3. **You will need TWO disinterested people to sign Affidavits of Disinterested Person.** A disinterested person is anyone who is not less than 18 years of age, is not related to the decedent, and is not a party to or interested in the outcome of this suit.
4. **Make at least two additional copies of each Affidavit to take with you when you file.**
5. **File the Small Estate Affidavit and both Affidavits of Disinterested Person** with the Clerk of the Probate Court on the first floor of the courthouse located at 2100 Bloomdale Road in McKinney. Give the Clerk the **Order** for the judge to sign.

Case No. \_\_\_\_\_

In the Estate of

§  
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§  
§  
§

In the Probate Court

\_\_\_\_\_,  
[Decedent's name]

Deceased

|  
Collin County, Texas

**SMALL ESTATE AFFIDAVIT**

TO THE HONORABLE JUDGE OF THIS COURT:

\_\_\_\_\_ [name of 1<sup>st</sup> applicant], who resides at:

\_\_\_\_\_  
[address], \_\_\_\_\_ [city], \_\_\_\_\_ [state] \_\_\_\_\_  
[zip code]

And

\_\_\_\_\_ [name of 2<sup>nd</sup> applicant], who resides at:

\_\_\_\_\_  
[address], \_\_\_\_\_ [city], \_\_\_\_\_ [state] \_\_\_\_\_  
[zip code]

And

\_\_\_\_\_ [name of 3<sup>rd</sup> applicant], who resides at:

\_\_\_\_\_  
[address], \_\_\_\_\_ [city], \_\_\_\_\_ [state] \_\_\_\_\_  
[zip code]

And

\_\_\_\_\_ [name of 4<sup>th</sup> applicant], who resides at:

\_\_\_\_\_  
[address], \_\_\_\_\_ [city], \_\_\_\_\_ [state] \_\_\_\_\_  
[zip code]

as Applicant(s) and all of the Distributees of this estate, furnish the following information to the Court concerning the death and heirship of \_\_\_\_\_  
[decedent's name]:

1. Decedent died on \_\_\_\_\_ [date of passing] in \_\_\_\_\_  
\_\_\_\_\_ [city], \_\_\_\_\_  
[county], \_\_\_\_\_ [state] at the age of \_\_\_\_\_ [age] years.

2. Decedent's last 4 of SSN was \_\_\_\_\_ [last 4 of Social Security no.].

3. Decedent was domiciled and had a fixed place of residence in this county at:

\_\_\_\_\_  
[address], \_\_\_\_\_ [city], Texas \_\_\_\_\_ [zip code]  
and/or the principal part of the estate was in this County at the time of death.

4. No application for the appointment of a personal representative of this estate is pending or has been granted and none appears necessary.

5. Decedent died intestate (without a will).

6. Thirty (30) days, or more, have elapsed since Decedent's death.

7. The value of the entire assets of the estate as of the date of death, not including homestead and exempt property, does not exceed \$75,000.00, and those non-exempt assets exceed the known liabilities of the estate.

8. 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 9 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.]*

9. All known ASSETS and LIABILITIES of the estate are as follows:

**ASSETS**

*[The assets list should include complete descriptions of all property and should indicate whether property is separate or community, whether property is exempt, and whether the property was homestead property. The value should be listed as the dollar amount of the decedent's interest in the property on the date of the affidavit.]*

DESCRIPTION	VALUE	ENCUMBRANCES	EXEMPT?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**LIABILITIES**

The liability list should include a complete description of all debts with values as of the date the affidavit is signed. *(Include enough information that would allow someone who wants to pay off the debt to do so.)*

Tip: Include a claim below for funeral debts that will be paid from estate assets. A claim for attorney's fees may be included if one or more distributees have paid or will pay fees, or if the fees will be paid with estate assets.

CREDITOR <i>(Name and account number)</i>	AMOUNT OF CLAIM <i>(Amount due on date of affidavit)</i>
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**DECEDENT'S FAMILY HISTORY**

[Select one of the following by placing a check mark.  
Strike through those not selected.]

\_\_\_\_ 10. Decedent married \_\_\_\_\_ [name of  
decedent's spouse] on \_\_\_\_\_ (date of marriage), and the marriage lasted  
until the time of Decedent's death.

\_\_\_\_ 10. Decedent was never married.

\_\_\_\_ 10. Decedent was not married at the time of death, but was previously married to  
\_\_\_\_\_ [name of prior spouse], and that  
marriage ended on \_\_\_\_\_ (date).

[Select one of the following by placing a check mark.  
Strike through those not selected.]

\_\_\_\_ 11. Decedent had no children by birth or adoption, and Decedent did not take any  
children into Decedent's home to raise as a child.

\_\_\_\_ 11. Decedent had children born to or adopted by Decedent, whose information follows:

<u>Child's name</u>	<u>Birth Date</u>	<u>Name of child's other parent</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List all children born to or adopted by Decedent, even if the child died before Decedent or parental rights were terminated by a court. (Provide details on termination of parental rights, if applicable.)

[Select one of the following by placing a check mark.  
Strike through those not selected.]

\_\_\_ 12. All of Decedent's children were alive when Decedent died (and are still living).

\_\_\_ 12. Some or all of Decedent's children were alive when Decedent died, but the following child/(ren) of Decedent's died before Decedent's death:

Deceased child's name: \_\_\_\_\_

Date Child Died: \_\_\_\_\_

Name of Child's other parent: \_\_\_\_\_

Names of all children of deceased child (and if any of these children died before Decedent, list the date of death and named and birth dates of all grandchildren, if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ (check if applicable) And the following children of Decedent's died after Decedent:

\_\_\_\_\_ (name of child) died on  
\_\_\_\_\_ (date of death).

\_\_\_ 12. All of Decedent's children died before Decedent.

\_\_\_\_\_ (name of child) died on  
\_\_\_\_\_ (date of death).

\_\_\_\_\_ (name of child) died on  
\_\_\_\_\_ (date of death).

\_\_\_\_\_ (name of child) died on  
\_\_\_\_\_ (date of death).

**If Decedent was survived by any children, grandchildren, or great-grandchildren, you do NOT need to answer paragraph 13 of Family History. Skip to 15.**

[Select one of the following by placing a check mark.  
Strike through those not selected.]

13. The Decedent was survived by both parents, \_\_\_\_\_  
(mother) and \_\_\_\_\_ (father).

13. Decedent was survived by only one parent, \_\_\_\_\_.  
Decedent's other parent, \_\_\_\_\_, died on \_\_\_\_\_.

13. Both of Decedent's parents died before Decedent's death.

***If Decedent was survived by both parents, any children, grandchildren, or great-grandchildren, you do NOT need to answer paragraph 14 of Family History. Skip to 15.***

14. Complete the following information for Decedent's brothers and sisters (if any). If none, write "NA."

The following are all of Decedent's brothers and sisters, including half-brothers and half-sisters who were born to either of Decedent's parents. If any of the following are now deceased, include the date of death and fill out additional information below.

Name of brother or sister	Full or half-sibling?	Birth date	Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For any of Decedent's brothers and sisters (including half-brothers and half-sisters who were born to either of Decedent's parents) that died **before** Decedent's death, also fill out the following:

Name of deceased brother or sister (copy from above list):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names of all children of deceased brother or sister \_\_\_\_\_  
(write name of deceased sibling here) that were alive on the date Decedent died:

Name:	Date of Birth:	Date of Death (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____

If Decedent was NOT survived by a spouse, child, grandchild, parent, brother or sister, half-brother or half-sister, niece or nephew, list **all of the surviving relatives of Decedent**, including names, dates of birth, relationship to Decedent (otherwise mark, N/A):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. The names and addresses of the Distributees and heirs of the money and property of the estate and their right to receive the assets of the estate is/are:

**DISTRIBUTEES**

*[The distributee list should include a complete listing of all Distributees, their residence addresses, relationship to the Decedent, and their respective right to receive the money, property, or other rights of the estate as are found to exist. The list should also identify any Distributees who are minors or under a guardianship.]*

Name of 1<sup>st</sup> Applicant/Distributee: \_\_\_\_\_

Address: \_\_\_\_\_

Share of separate personal property: \_\_\_\_\_

Share of separate real property (if any): \_\_\_\_\_

Share of decedent's community property (if decedent was married): \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name of 2<sup>nd</sup> Applicant/Distributee: \_\_\_\_\_

Address: \_\_\_\_\_

Share of separate personal property: \_\_\_\_\_

Share of separate real property (if any): \_\_\_\_\_

Share of decedent's community property (if decedent was married): \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name of 3<sup>rd</sup> Applicant/Distributee: \_\_\_\_\_

Address: \_\_\_\_\_

Share of separate personal property: \_\_\_\_\_  
Share of separate real property (if any): \_\_\_\_\_  
Share of decedent's community property (if decedent was married): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name of 4<sup>th</sup> Applicant/Distributee: \_\_\_\_\_  
Address: \_\_\_\_\_  
Share of separate personal property: \_\_\_\_\_  
Share of separate real property (if any): \_\_\_\_\_  
Share of decedent's community property (if decedent was married): \_\_\_\_\_  
Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Applicant(s)/Distributee(s) affirm that the facts contained in this Affidavit are true.

Applicant(s)/Distributee(s) pray that this Affidavit and Application be filed in the Small Estate Records; that the same be approved by the Court; and that the Clerk issue certified copies thereof in order to allow Applicant(s)/Distributee(s) to receive or to take custody or possession of the property of the estate, or to have evidences of such money, property, or other rights of the estate as are found to exist transferred to them as heirs or assignees.

Applicant(s)/Distributee(s) 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 payment, delivery, transfer, or issuance made in reliance on the affidavit."

STATE OF TEXAS §  
COUNTY OF COLLIN §

I am an Applicant and Distributee in the Estate of \_\_\_\_\_, Deceased. I swear or affirm that I have personal knowledge of the facts stated in this Affidavit, and that the facts contained in the Affidavit 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 payment, delivery, transfer, or issuance made in reliance on the affidavit."

\_\_\_\_\_  
[Signature of 1<sup>st</sup> Applicant/Distributee]

\_\_\_\_\_  
[Typed or printed name]

Sworn to and Subscribed before me on \_\_\_\_\_ [date],  
by \_\_\_\_\_ [name]  
of 1<sup>st</sup> Applicant/Distributee].

\_\_\_\_\_  
[Signature of Notary Public, State of Texas]

STATE OF TEXAS §  
COUNTY OF COLLIN §

I am an Applicant and Distributee in the Estate of \_\_\_\_\_,  
Deceased. I swear or affirm that I have personal knowledge of the facts stated in this Affidavit,  
and that the facts contained in the Affidavit 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 payment, delivery, transfer,  
or issuance made in reliance on the affidavit.”

\_\_\_\_\_  
[Signature of 2<sup>nd</sup> Applicant/Distributee]

\_\_\_\_\_  
[Typed or printed name]

Sworn to and Subscribed before me on \_\_\_\_\_ [date],  
by \_\_\_\_\_ [name]  
of 2<sup>nd</sup> Applicant/Distributee].

\_\_\_\_\_  
[Signature of Notary Public, State of Texas]

STATE OF TEXAS  
COUNTY OF COLLIN

§  
§

I am an Applicant and Distributee in the Estate of \_\_\_\_\_,  
Deceased. I swear or affirm that I have personal knowledge of the facts stated in this Affidavit,  
and that the facts contained in the Affidavit 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 payment, delivery, transfer,  
or issuance made in reliance on the affidavit.”

\_\_\_\_\_  
[Signature of 3<sup>rd</sup> Applicant/Distributee]

\_\_\_\_\_  
[Typed or printed name]

Sworn to and Subscribed before me on \_\_\_\_\_ [date],  
by \_\_\_\_\_ [name]  
of 3<sup>rd</sup> Applicant/Distributee].

\_\_\_\_\_  
[Signature of Notary Public, State of Texas]

STATE OF TEXAS  
COUNTY OF COLLIN

§  
§

I am an Applicant and Distributee in the Estate of \_\_\_\_\_,  
Deceased. I swear or affirm that I have personal knowledge of the facts stated in this Affidavit,  
and that the facts contained in the Affidavit 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 payment, delivery, transfer,  
or issuance made in reliance on the affidavit.”

\_\_\_\_\_  
[Signature of 4th Applicant/Distributee]

\_\_\_\_\_  
[Typed or printed name]

Sworn to and Subscribed before me on \_\_\_\_\_ [date], by \_\_\_\_\_  
\_\_\_\_\_  
Applicant/Distributee].  
[name of 4<sup>th</sup>

\_\_\_\_\_  
[Signature of Notary Public, State of Texas]

Case No. \_\_\_\_\_

In the Estate of

§  
§  
§  
§  
§

In the Probate Court

\_\_\_\_\_,  
[Decedent's name]

Deceased

|  
Collin County, Texas

**AFFIDAVIT OF FIRST DISINTERESTED PERSON**

"I have no interest in the estate of \_\_\_\_\_ [decedent's name].

"I am not related to him/her under the laws of descent and distribution of the State of Texas.

"I have personal knowledge of the facts contained in the foregoing Affidavit. The facts contained in the foregoing Affidavit are true.

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."

\_\_\_\_\_  
[Signature of 1<sup>st</sup> Disinterested Person]

\_\_\_\_\_  
[Typed or printed name]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
[Address & telephone no.]

STATE OF TEXAS  
COUNTY OF COLLIN

Sworn to and Subscribed before me on \_\_\_\_\_ [date], by \_\_\_\_\_  
\_\_\_\_\_ [name of 1<sup>st</sup> Disinterested Person].

\_\_\_\_\_  
[Signature of Notary Public, State of Texas]

Case No. \_\_\_\_\_

In the Estate of

§  
§  
§  
§  
§

In the Probate Court

\_\_\_\_\_,  
[Decedent's name]

Deceased

|  
Collin County, Texas

**AFFIDAVIT OF SECOND DISINTERESTED PERSON**

"I have no interest in the estate of \_\_\_\_\_ [decedent's name].

"I am not related to him/her under the laws of descent and distribution of the State of Texas.

"I have personal knowledge of the facts contained in the foregoing Affidavit. The facts contained in the foregoing Affidavit are true.

"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."

\_\_\_\_\_  
[Signature of 2<sup>nd</sup> Disinterested Person]

\_\_\_\_\_  
[Typed or printed name]

\_\_\_\_\_

\_\_\_\_\_  
[Address & telephone no.]

STATE OF TEXAS  
COUNTY OF COLLIN

Sworn to and Subscribed before me on \_\_\_\_\_ [date], by \_\_\_\_\_  
\_\_\_\_\_ [name of 2<sup>nd</sup>  
Disinterested Person].

\_\_\_\_\_  
[Signature of Notary Public, State of Texas

Case No. \_\_\_\_\_

In the Estate of

§  
§  
§  
§  
§

In the Probate Court

\_\_\_\_\_,  
[Decedent's name]

Deceased

|  
Collin County, Texas

**ORDER**

On this day, the Court considered the Affidavit of the Distributees of this estate, and the Affidavits of the two disinterested persons in support thereof, and the court finds the above Affidavits comply with the terms and provisions of the Texas Estates Code, that this Court has jurisdiction and venue, that this Estate qualifies under the provisions of the Estates Code as a Small Estate, and this Affidavit should be approved.

IT IS ORDERED by the Court that the foregoing Affidavit be and the same is hereby APPROVED, and shall forthwith be recorded in the Small Estates Records of this County, and the Clerk of this Court shall issue certified copies thereof to all persons entitled thereto to allow Applicant(s)/Distributee(s) to receive or to take custody or possession of the property of the estate, or to have evidences of such money, property, or other rights of the estate as are found to exist transferred to them as heirs or assignees.

SIGNED on \_\_\_\_\_.

\_\_\_\_\_  
JUDGE PRESIDING