



STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

**AFFIDAVIT OF** \_\_\_\_\_  
(Name)

The undersigned, being first duly sworn, deposed and says that:

He/She is the \_\_\_\_\_ of \_\_\_\_\_  
(State Relationship, i.e. Son/Daughter) (Name of Deceased)

deceased, who died on \_\_\_\_\_, as evidenced by the attached Certificate of Death;  
(Date)

All of the following are true:

1. Thirty days have elapsed since the death of \_\_\_\_\_  
(Name of Deceased)
2. An application for the appointment of a personal representative is not pending;
3. The value of all personal property in the decedent's estate, wherever located, less liens and encumbrances, does not exceed seventy-five thousand dollars as valued as of the date of death; and
4. The undersigned is the claiming successor and is entitled to payment or delivery of any tangible personal property or instrument evidencing a debt, obligation, stock or chose in action of

\_\_\_\_\_  
(Name of Deceased)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Email Address) (Contact Number) (Signature)

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: