

CAUSE NO. SE-_____

IN THE ESTATE OF

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IN THE PROBATE COURT

_____,

OF

DECEASED

GALVESTON COUNTY, TX

SMALL ESTATE AFFIDAVIT

On the dates indicated below, all of the Distributees of this estate and two disinterested witnesses personally appeared and, on their oath, did swear or affirm to the accuracy of the following facts, pursuant to Chapter 205 of the Texas Estates code.

- A. Decedent, _____ died on _____
(Date)
without leaving a Will, at _____.
(City and State)
- B. That the domicile of the decedent at the time of death was _____
County, Texas. *(or state other facts showing venue in this county)*
- C. A copy of Decedent’s death certificate shall be filed in this cause number at the time this Affidavit is filed.
- D. That more than thirty (30) days have elapsed since the death of the decedent.
- E. That no petition for the appointment of a personal representative of the decedent’s estate is pending nor has an appointment been granted, by this Court or any other Court.
- F. That the value of the estate assets, not including homestead and exempt property, does not exceed seventy-five thousand dollars (\$75,000.00).
- G. The value of all the assets of the estate of Decedent, not including homestead and exempt property, exceeds the known liabilities.
- H. Medicaid – check the accurate box:
 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

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 file.]*

K. That all the known liabilities/debts of the decedent's estate, including all credit card balances, doctor and hospital bills, utility bills, funeral expenses, etc., are listed here.

Description of Liabilities/Debts	Amount

Continue list as necessary. If list is continued on another page, please note.)

If you did not list attorney's fees as a liability above but one or more distributees have paid or will pay attorney's fees for this small estate affidavit, indicate the amount of those fees here \$_____.

Also, indicate who has paid or will pay the fees: _____

L. The following facts regarding the Decedent's family history show who is entitled to what share of Decedent's estate, to the extent that the assets of Decedent's estate, exclusive of homestead and exempt property, exceed the liabilities of Decedent's estate ***[Put check marks in the appropriate small boxes, and provide additional information as indicated.]***

<p>Family History #1: Marriage.</p> <p><input type="checkbox"/> <u>On the date of Decedent's death</u>, Decedent was a single person.</p> <p><u>OR</u></p> <p><input type="checkbox"/> <u>On the date of Decedent's death</u>, Decedent was married to _____. The date they were married: _____.</p>

Family History #2: Children

- Decedent had no children by birth or adoption, and Decedent did not take any children into Decedent’s home to raise as a child. (Skip to Family History #4 if you check this box)

OR

- The following children were born to or adopted by Decedent. List all children, whether or not the child is still alive and whether or not parental rights were later terminated. If parental rights were terminated for any child, give details on separate page(s).

Child’s name	Birth date, if known	Name of child’s other parent

Continue list as necessary. If list is continued on another page, please note.)

Family History #3: Children, part 2 - Answer if Decedent had any children.

- All of Decedent’s children, by birth or adoption, were alive when Decedent died.

OR

- The following of Decedent’s children, by birth or adoption, died before 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 parent in 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 & birth dates of all grandchildren)

Continue list as necessary. If list is continued on another page, please note.)

AND/OR

- The following of Decedent’s children, by birth or adoption, died before the Decedent’s death **and were NOT survived by children (or grandchildren or great-grandchildren):**

Name of deceased child	Date child died

Continue list as necessary. If list is continued on another page, please note.)

*If Decedent was survived by any children, grandchildren, or great-grandchildren, you do not need to answer Family History #4 about Parents or Family History #5 about Sisters and Brothers.
You may skip to "M" (following #5).*

Family History #4: Parents.

The Decedent was survived by both parents, _____ (mother) and _____ (father).

OR

Decedent was survived by only one parent, _____.
Decedent's other parent, _____, died on _____.

OR

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

Family History #5: Sisters and Brothers.

The following information about Decedent's sisters and brothers is not needed if Decedent was survived by both parents or by children, grandchildren, or great-grandchildren.

The following are all of Decedent's brothers and sisters **who were alive on the date Decedent died**, including half-brothers and half-sisters who were born to *either* of Decedent's parents. If none, write "none." If any of the following are now deceased, indicate date of death.

Name of brother or sister	State whether full or half-sibling	Birth date

Continue list as necessary. If list is continued on another page, please note.)

AND

The following of Decedent's brothers and sisters (including half-brothers and half-sisters who were born to *either* of Decedent's parents) **died before Decedent's death**. If none, write "none."

Name of deceased brother or sister (followed by the date of death in parentheses)	Full or half sibling?	Names of all children of the deceased brother or sister (nephews and nieces of Decedent) that were alive on the date Decedent died	Birth dates of nieces & nephews

Continue list as necessary. If list is continued on another page, please note.)

Family History #6: Other.

Fill out a separate page (or pages) **if** Decedent was survived by none 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.

EVERYONE MUST FILL OUT THE FOLLOWING CHART

- M. That the names, addresses, and telephone numbers of all distributees, and their right to receive money or property or to have such evidences of money, property or other rights, to the extent that the assets, exclusive of homestead and exempt property, exceed the known liabilities of the estate are as follows:

Names, addresses, and phone numbers of distributees (those who will inherit)	Capacity in which claim is made	Portion of estate to which entitled (To be completed by the Court on Order)	
<i>(Example: John Doe ▪ 1000 Main St. ▪ Galveston, Texas 77550) (409) 777.1234</i>	<i>(Spouse/ Son/Daughter)</i>	Community Share	Separate Share

Affidavits and signatures of two disinterested witnesses

STATE OF _____ §
COUNTY OF _____ §

I have no interest in the Estate of _____, Deceased, and am not related to Decedent under the laws of descent and distribution of the State of Texas. I swear or affirm that the facts contained in the Affidavit regarding family history, assets, and liabilities 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 a payment, delivery, transfer, or issuance made in reliance on the affidavit.”

1st Disinterested Witness’s printed name

1st Disinterested Witness’s signature

SWORN TO AND SUBSCRIBED before me by _____ [name of Witness], a disinterested witness, on this the _____ day of _____, 20____.

(Seal)

Notary Public in and for the State of _____

STATE OF _____ §
COUNTY OF _____ §

I have no interest in the Estate of _____, Deceased, and am not related to Decedent under the laws of descent and distribution of the State of Texas. I swear or affirm that the facts contained in the Affidavit regarding family history, assets, and liabilities 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 a payment, delivery, transfer, or issuance made in reliance on the affidavit.”

2nd Disinterested Witness’s printed name

2nd Disinterested Witness’s signature

SWORN TO AND SUBSCRIBED before me by _____ [name of Witness], a disinterested witness, on this the _____ day of _____, 20____.

(Seal)

Notary Public in and for the State of _____