

NO. _____

THE ESTATE OF

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IN THE COUNTY COURT

_____,

OF

DECEASED

LIBERTY COUNTY, TEXAS

SMALL ESTATE AFFIDAVIT

On the dates indicated below, all 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 the _____ day of _____, 20____, in _____ County, Texas. A copy of the Decedent’s death certificate will be filed in this cause number at the time this Affidavit is filed.
- B. More than thirty (30) days have elapsed since Decedent’s death.
- C. Decedent was a resident of and domiciled in _____ County, Texas, at the time of Decedent’s death.
- D. Decedent died without a Will.
- E. No administration is pending or has been granted in Decedent’s estate and none appears necessary.
- F. The value of the entire assets of the estate of Decedent, not including homestead and exempt property, does not exceed \$75,000.00.
- G. The value of the entire assets of the estate of Decedent, not including homestead and exempt property, exceeds known liabilities
- H. 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 J below.
 - OR**
 - The Decedent did apply for and received 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 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.)*

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

NOTE: Community property is property acquired during marriage other than by gift or inheritance. Separate property is property owned by before marriage or acquired by gift or inheritance during marriage.

DESCRIPTION OF ASSETS	VALUE	ADDITIONAL INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

J. All liabilities/debts of the Decedent’s estate and their values are listed here. The Affidavit must list 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:

BALANCE DUE

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

(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: _____

K. The following facts regarding 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.)*

FAMILY HISTORY #1: Marriage

On the date of Decedent’s death, Decedent was a single person

OR

On the date of Decedent’s death, Decedent was married to: _____

The date they were married is: _____

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 a separate page.

CHILD'S NAME	BIRTHDATE	NAME OF CHILD'S OTHER PARENT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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	BIRTHDATE	NAME OF DECEASED CHILD'S CHILDREN
_____	_____	_____
_____	_____	_____

AND/OR

The following of Decedent's children, by birth or adoption, died before the Decedent's death and were not survived by any children, grandchildren, or great-grandchildren:

NAME OF DECEASED CHILD

DATE CHILD DIED

_____	_____
_____	_____
_____	_____

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: Brothers and Sisters.

The following are 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 the Decedent's parents. If none, write "none." If any of the following are deceased, indicate date of death.

NAME OF BROTHER OR SISTER

FULL OR HALF SIBLING

BIRTH DATE

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

AND

The following of Decedent's brothers or 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 SIBLING	FULL OR HALF	NAMES AND BIRTHDATES OF CHILDREN OF DECEASED SIBLING
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____
_____	_____	_____ _____ _____

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 or Sister, Half-brother or 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:

L. Based on the family history given in this Affidavit, the following chart lists all of Decedent's heirs at law, together with their fractional interest in Decedent's estate:

For each Distributee, list:

1. Name
2. Address
3. Telephone number
4. Email address

Share of
separate
personal
property

Share of
separate real
property

Share of Decedent's
community property
(fill out this column if
Decedent was married.)

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Affidavits and signatures of all Distributees:

As needed, include other signature pages for additional distributees.

Every signature page for a distributee must include the information below:

We, as Distributees of the Decedent and as indicated by our signature below, do solemnly swear or affirm the following:

- The foregoing Affidavit was completed by persons who have actual knowledge of the stated facts;*
- All of the facts stated in the foregoing Affidavit are true and complete; and*
- Each of us has legal capacity.*

We pray that this Affidavit be filed in the records of the Liberty County Clerk; that the same be approved by the Court; and that the Clerk issue certified copies of this Affidavit and the Order approving it as evidence of Distributees' right to inherit the property of Decedent as described above.

We 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."

STATE OF TEXAS §
COUNTY OF _____ §

I am a Distributee in the Estate of _____, Deceased. I swear or affirm that I have personal knowledge of the facts stated in the foregoing Affidavit and that the facts contained in the Affidavit are true and complete to the best of my knowledge.

_____ Distributee's Printed Name _____ Distributee's Signature

SWORN TO AND SUBSCRIBED before me by _____ (name of Distributee)
a Distributee, on this the _____ day of _____, 20_____.

Notary Public, State of Texas

Affidavits and signatures of two disinterested witnesses:

STATE OF TEXAS §
 §
COUNTY OF _____ §

I have no interest in the Estate of _____, Deceased, and am not related to the Decedent under the laws of descent and distribution in the State of Texas. I swear or affirm that the facts contained in the foregoing 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 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, transer, or issuance made in reliance on the affidavit.”

Disinterested Witness’s Printed Name Disinterested Witness’s Signature

SWORN TO AND SUBSCRIBED before me by _____ *(name of witness)*
a disinterested witness, on this the _____ day of _____, 20_____.

Notary Public, State of Texas

STATE OF TEXAS §
 §
COUNTY OF _____ §

I have no interest in the Estate of _____, Deceased, and am not related to the Decedent under the laws of descent and distribution in the State of Texas. I swear or affirm that the facts contained in the foregoing 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 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, transer, or issuance made in reliance on the affidavit.”

Disinterested Witness’s Printed Name Disinterested Witness’s Signature

SWORN TO AND SUBSCRIBED before me by _____ *(name of witness)*
a disinterested witness, on this the _____ day of _____, 20_____.

Notary Public, State of Texas