

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

Estate of

Statutory Probate Court No. \_\_\_\_\_

\_\_\_\_\_ ,

§  
§  
§  
§  
§

of

Deceased.

El Paso County, Texas

### 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 the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ in \_\_\_\_\_ County, Texas. A copy of Decedent's death certificate will be provided when requested by this Court.
- B. More than 30 days have elapsed since Decedent's death.
- C. Decedent was a resident of and domiciled at \_\_\_\_\_ in \_\_\_\_\_ County, Texas, at the time of death. *[If not El Paso County, the affidavit must include facts supporting venue in El Paso County.]*
- 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 total value of Decedent's estate assets on the date of this affidavit, not including homestead and exempt property is \$75,000.00 or less,
- G. The total value of Decedent's estate assets, not including homestead and exempt property, exceeds the total value of 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 Estates Recovery Program claim is listed as a liability in section "J" 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 providing 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 before marriage or acquired by gift or inheritance during marriage.

<p style="text-align: center;"><b>Description of Asset(s)</b></p> <p><i>List with enough detail to identify exactly what the asset is. For <b>example</b>, give bank name and last four digits of an account number; give life insurance company name; give description of car plus VIN number; give address &amp; legal description of real property.</i></p>	<p style="text-align: center;"><b>\$\$ value of Decedent's interest on date of affidavit</b></p> <p><i>For each asset, list the value of Decedent's interest in that asset. An affidavit cannot be approved with an asset of "unknown" value.</i></p>	<p style="text-align: center;"><b>Additional information</b></p> <p><i>If decedent was married, indicate:</i></p> <ol style="list-style-type: none"> <li>1. <i>whether each asset was community or separate property, and</i></li> <li>2. <b>facts</b> <i>that explain why the asset was community or separate, and total value of each community property asset.</i></li> </ol> <p><i>If decedent was survived by a spouse, minor children, or unmarried adult children who lived with decedent, the list of known estate assets must indicate which assets applicant claims are exempt. See checklist for more information. Use additional pages as necessary.</i></p>

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

<b>Description of Liabilities / Debts:</b> <i>List with enough detail to identify the creditor &amp; any account.</i>	<b>Balance Due</b>

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

**Attorney’s Fees**

*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: \_\_\_\_\_.*



**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. *(If any heir died after the Decedent, contact the Court Administrator before getting signatures on this form.)*

**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 <i>(if any of these children died before Decedent, use a separate page to give date of death, plus names &amp; birth dates of all grandchildren)</i>

*(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 any children, 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 “L” (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.



**Affidavits and signatures of all Distributee(s).**

As needed, include other signature pages for additional Distributees.

**\*\*\*Every signature page for every distributee must include the box below:**

*We, as Distributees of the Decedent and as indicated by our signatures 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 El Paso 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 \_\_\_\_\_ §  
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\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

**Every signature page for a distributee must include the box below:**

*We, as Distributees of the Decedent and as indicated by our signatures 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 El Paso 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 \_\_\_\_\_ §  
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\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

**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 this Affidavit regarding family history, assets, and liabilities are true and complete to the best of my knowledge. I have known the Decedent for \_\_\_\_\_ years. The Decedent was my \_\_\_\_\_ (*relationship*).

*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.”*

\_\_\_\_\_  
Disinterested Witness’s printed name  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Disinterested Witness’s signature  
Phone No. \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ *[name of witness]*, a disinterested witness, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, 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 this Affidavit regarding family history, assets, and liabilities are true and complete to the best of my knowledge. I have known the Decedent for \_\_\_\_\_ years. The Decedent was my \_\_\_\_\_ (*relationship*).

*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.”*

\_\_\_\_\_  
Disinterested Witness’s printed name  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Disinterested Witness’s signature  
Phone No. \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ *[name of witness]*, disinterested witness, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

**Prepared in the Law Office of:**  
[Attorney signature block]