

NO. \_\_\_\_\_

**Estate of**

§

**IN THE COUNTY COURT**

§

**OF**

§

**PALO PINTO COUNTY, TEXAS**

**Deceased**

§

### **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.
- B. More than 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. [If not Palo Pinto County, the affidavit must include facts supporting venue in Palo Pinto 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 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 the 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 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 (3) 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 before marriage or acquired by gift or inheritance during marriage.

<b>Description of Asset(s)</b> <i>List with enough detail to identify exactly what the asset is. For example, 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>	<b>Value</b>	<b>Additional Information</b> <i>If exempt property, so indicate.  If decedent was married, indicate:</i> <ol style="list-style-type: none"> <li><i>whether each asset was community or separate property, and</i></li> <li><i>facts that explain why the asset was community or separate</i></li> </ol> <i>Use additional pages as necessary.</i>

*(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 **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.)

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

## 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

## 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 deceased child's other parent in parenthesis)	Date Child died	Names of all children of the deceased child (if any of these children died before the 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 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/Sister	State whether half or full 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 date of death in parenthesis)	Full or half sibling?	Names of all children of the deceased brother/sister (nephews and nieces of the Decedent) that were alive on the date of Decedent died	Birth dates of nieces and 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.**

**Before filling out the chart, see #10 & #12 and pages 6-8 of the Court's Small Estate Affidavit Checklist.**

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

For each Distributee, list: 1. Name 2. Address 3. Telephone number 4. Email address	Share of separate personal property (always fill out this (column))	Share of decedent's community property (fill out this column if decedent was married)

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

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

As needed, include other signature pages for additional distributees.

### 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 Travis 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 \_\_\_\_\_

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 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

\_\_\_\_\_  
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, 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 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

\_\_\_\_\_  
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, State of \_\_\_\_\_



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

ESTATE OF

DECEASED

§  
§  
§  
§

IN THE COUNTY COURT  
OF  
PALO PINTO COUNTY, TEXAS

## ORDER APPROVING SMALL ESTATE

On this day, the Court considered the above Small Estate Affidavit and the Court finds that

1. this court has jurisdiction and venue;
2. the Affidavit conforms to the terms and provisions of Tex. Est. Code Chap. 205;
3. based on the affidavit, this Estate qualifies under the provisions of the Texas Estates Code as a Small Estate, pursuant to Tex. Est. Code § 205.001;
4. the Distributees named in the Affidavit are entitled to receive the property of the Decedent set forth in the Affidavit only to the extent that the assets of the Estate (exclusive of homestead and exempt property) exceed the known liabilities of the Estate (exclusive of liabilities secured by homestead or exempt property); and
5. that the Affidavit should be approved.

Nothing in this Order:

1. affects the disposition of property under a will or other testamentary instrument;
2. transfers title to real estate, except as provided in § 205.006 of the Texas Estates Code;
3. transfers title to any property of the Decedent not listed in the Affidavit;
4. deprives any creditor, whether disclosed or not, of any rights in any real or personal property transferred;
5. deprives any heir, whether disclosed or not, of any ownership interest in any real or personal property transferred;
6. establishes the separate or community nature of any property described in the Affidavit;
7. constitutes a judicial determination of the legal heirs of the Decedent; or
8. limits the personal liability of the Distributees and Disinterested Witnesses to any person (including but not limited to undisclosed heirs and any person having a prior right to property of the Estate) for any damage or loss arising from any payment, delivery, transfer or issuance made in reliance on the Affidavit.

It is therefore ORDERED, ADJUDGED and DECREED that the foregoing Affidavit be and the same is hereby APPROVED, and shall forthwith be recorded in the records of the County Clerk, and the Clerk of this Court shall issue certified copies thereof to all persons entitled thereto.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Shane Long  
Palo Pinto County Judge