

DELAWARE SMALL ESTATE AFFIDAVIT

In accordance with § 2306

AFFIDAVIT OF _____
(Distributee's name)

FOR COLLECTION OF DECEDENT'S PROPERTY

I (Distributee's name), _____, being first duly sworn upon oath, declare that the following statements are true:

1. Decedent, _____, died on the _____ day of _____, 20____ in the County of _____, in the State of Delaware. A copy of Decedent's death certificate will be filed alongside this Affidavit.
2. My name is _____, of _____ [Address], _____ [State].
3. More than thirty (30) days have elapsed since Decedent's death.
4. I am either an heir of the Decedent, and the Decedent left no will, or I am a named devisee of the Decedent in the decedent's will.
5. No administration is pending or has been granted in Decedent's estate and none appears necessary.
6. The Descendant's estate. value of assets exceeds the estate's presently known liabilities.
7. The value of the entire assets of the estate of Decedent, not including homestead and exempt property, does not exceed the limit of **\$30,000** set by the State of Delaware.
8. The value of the entire assets of the estate of Decedent, not including homestead and exempt property, exceeds the known liabilities.
9. At time of signing, there is no reasonable expectation that a probate of the Descendant's estate is soon to commence.



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

Description of Asset(s) <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 & legal description of real property.</i>	Value	Additional information <i>If exempt property, so indicate. If decedent was married, indicate: 1. whether each asset was community or separate property, and 2. facts that explain why the asset was community or separate Use additional pages as necessary.</i>
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	

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



11. **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.

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

_____.

12. 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

(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 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.)

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.



HEIRS OR DISTRIBUTEES OF THE DECEDENT.

13. 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 separate real 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.)



SIGNATURE OF DISTRIBUTEE (AFFIANT)

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 ____ day of _____, 20____.

(SEAL)

Notary Public, State of _____



AFFIDAVITS AND SIGNATURES OF TWO (2) 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 _____. 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.

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 _____. 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.

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 _____

Prepared in the Law Office of:

[Attorney signature]

