**DELAWARE SMALL ESTATE AFFIDAVIT**

**AFFIDAVIT FOR THE COLLECTION OF PROPERTY**

County of [COUNTY] )

State of [STATE] ) ss.

1. **THE DECEDENT**. This Delaware Small Estate Affidavit (“Affidavit”) made on [DATE], acts as a petition regarding the estate of:

Decedent: [DECEDENT'S NAME] who died on [DATE] in the county of [COUNTY], state of [STATE] (“Decedent”).

A copy of the Decedent’s death certificate shall be submitted along with this Affidavit.

1. **THE AFFIANT**. The name of the person preparing this Affidavit is [AFFIANT'S NAME] with a mailing address of [MAILING ADDRESS] (“Affiant”).
2. **DAYS AFTER DEATH**. The Decedent died on the Date mentioned in Section 1, which is more than the statutory limit of [#] days required to file this Affidavit.
3. **STATUTORY AMOUNT**. The estimated value of the Decedent’s estate does not exceed the monetary limit of $32,047.00 imposed by the state of Delaware.
4. **PROPERTY AND ASSETS**. The property and assets of the Decedent’s estate are as follows:

Description: Value ($)

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

1. **DEBTS AND LIABILITIES**. The debts and liabilities of the Decedent’s estate are as follows:

Description: Value ($)

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

[DESCRIBE] $[AMOUNT]

1. **THE HEIRS**. All heirs, devisees, or possible beneficiaries of the Decedent are listed below:

Heir’s Name: [NAME] Relationship: [DESCRIBE]

Address: [ADDRESS]

Phone: [PHONE] E-Mail: [E-MAIL]

Heir’s Name: [NAME] Relationship: [DESCRIBE]

Address: [ADDRESS]

Phone: [PHONE] E-Mail: [E-MAIL]

Heir’s Name: [NAME] Relationship: [DESCRIBE]

Address: [ADDRESS]

Phone: [PHONE] E-Mail: [E-MAIL]

Hereinafter known as the “Heirs” and shall be given notice of this Affidavit within 30 days of filing with the court.

1. **TRANSFER OF PROPERTY**. The following Heirs are entitled to the following property:

Property: Heir’s Name

[DESCRIBE] [FULL NAME]

[DESCRIBE] [FULL NAME]

[DESCRIBE] [FULL NAME]

1. **OFFICIAL STATEMENT**. I, the Decedent, declare under penalty of perjury under the laws of the state of Delaware that the information I have provided in this Affidavit are true and correct.
	1. Pending Administration. There is no pending administration of the Decedent’s estate.
	2. Probate. There is no reasonable expectation that probate of the Decedent’s estate is soon or ever shall commence.
	3. Governing Law. This Affidavit is governed under the laws located in the state of Delaware.
2. **EXECUTION**. With my signature below, I certify to be an authorized representative to represent the Heirs of the Decedent’s estate and the information mentioned herein is true and correct.

**Affiant’s Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_