

# Delaware Small Estate Affidavit Affidavit for Collection of Property

I certify that all of the following statements are true in regards to the Estate of \_\_\_\_\_ who has deceased in the State of Delaware, County of \_\_\_\_\_.

1. Decedent, \_\_\_\_\_, died on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ in the County of \_\_\_\_\_, in the State of Delaware.
2. A copy of the decedent's death certificate will be submitted along with this affidavit.
3. My name is \_\_\_\_\_.
4. I reside at \_\_\_\_\_ in the City of \_\_\_\_\_, in the State of \_\_\_\_\_.
5. The value of the assets of the decedent's estate exceeds the estate's known liabilities.
6. The value of the decedent's estate does not exceed the monetary limit of Thirty-Thousand Dollars (\$30,000) imposed by the State of Delaware under § 2306.
7. 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.
8. More than \_\_\_\_ days have passed since the decedent's death.
9. There is no pending administration of the decedent's estate.
10. There is no reasonable expectation that probate of the decedent's estate is soon to commence.
11. All heirs or devisees of the decedent are listed below:

Name

Address

\_\_\_\_\_



Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name

Address

\_\_\_\_\_

\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name

Address

\_\_\_\_\_

\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name

Address

\_\_\_\_\_

\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name

Address

\_\_\_\_\_

\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name

Address

\_\_\_\_\_

\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name

Address

\_\_\_\_\_

\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name

Address

\_\_\_\_\_

\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name

Address

\_\_\_\_\_

\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Relation \_\_\_\_\_ Telephone \_\_\_\_\_

(If more Heirs or Devisees continue in **Attachment A**)

12. All heirs or devisees will be given notice of this affidavit within 30 days of filing.

13. All assets of the decedent's estate (whether real property or personal property, whether community property or separate property) and the value of such assets are listed below:

<u>Asset</u>	<u>Value</u>	<u>Additional Information</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(If more Assets continue in **Attachment B**)

14. All liabilities and debts of the decedent's estate, and what the estate owes each creditor, are listed below:

<u>Liability/Debt</u>	<u>Amount Owed</u>	<u>Creditor Information</u>
_____	\$ _____	_____

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(If more Liabilities/Debts continue in **Attachment C**)

15. The following heirs or devisees are entitled to the following property:

<u>Heir or Devisee</u>	<u>Property</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If more Liabilities/Debts continue in **Attachment D**)

16. This document is governed under the laws in the State of \_\_\_\_\_.

\_\_\_\_\_  
(Signature of the Affiant, the person preparing this affidavit)

Signed and sworn to me on the \_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_.

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

County of \_\_\_\_\_

I, the undersigned authority in and for said County in said State, hereby certify

that \_\_\_\_\_, whose name is signed as the Affiant in this small estate affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on the day the same bears date.

Given under my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature \_\_\_\_\_ State of \_\_\_\_\_.

Printed Name: \_\_\_\_\_.

My commission expires: \_\_\_\_\_

(Notary Seal)

Note: in addition, your State may require the affidavit and signatures of two (2) disinterested witnesses.

**WITNESS 1**

I have no interest in the estate of \_\_\_\_\_, deceased, nor am I related to the decedent. The statements made in this affidavit are true to the best of my knowledge.

\_\_\_\_\_  
(Disinterested Witness's signature)

\_\_\_\_\_  
(Disinterested Witness's printed name)

**WITNESS 2**

I have no interest in the estate of \_\_\_\_\_, deceased, nor am I related to the decedent. The statements made in this affidavit are true to the best of my knowledge.

\_\_\_\_\_  
(Disinterested Witness's signature)

\_\_\_\_\_  
(Disinterested Witness's printed name)

# Attachment A

(Continued from Section 7)

<u>Name</u>	<u>Address</u>
_____	_____
Relation _____	Telephone _____
<u>Name</u>	<u>Address</u>
_____	_____
Relation _____	Telephone _____
<u>Name</u>	<u>Address</u>
_____	_____
Relation _____	Telephone _____
<u>Name</u>	<u>Address</u>
_____	_____
Relation _____	Telephone _____
<u>Name</u>	<u>Address</u>
_____	_____
Relation _____	Telephone _____
<u>Name</u>	<u>Address</u>
_____	_____
Relation _____	Telephone _____







