WYOMING AFFIDAVIT OF COLLECTION OF ESTATE ASSETS In accordance with Wyo. Stat. Ann. §§ 2-1-201 and 2-1-202

Death Ce	Copy of Decedent's rtificate to be attached ffidavit/Declaration	Use of this form does not constitute legal advice by any deputy of the County Clerk's Office. Affiant was advised that he/she may seek legal advice.	
STATE (OF WYOMING)) \$\$	
COUNT	Y OF)	
I,		(Name of person signing this affidavit)	
the unde	ersigned first being duly swor	upon oath, state:	
1.	I am the claiming successor	the decedent, because I am the of	
	the decedent.	(describe relationship to decedent)	
2.	Name of the decedent:		
3.	Date of death:		
4.	State of decedent's residence at date of death:		
5.	Place of death: (city and state)		
6.	The value of the entire estate, wherever located, less liens and encumbrances, does not exceed \$200,000.00		
7.	At least thirty (30) days have elapsed since the death of the decedent as shown in a certified or authenticated copy		
	of the decedent's death certifi	ate attached to the affidavit.	
8.	There are no other distributees of the decedent having a right to succeed to the property under probate proceedings.		
9.	No application or petition for	the appointment of a personal representative is pending or has been granted in	
	Wyoming.		
10.	I am entitled by law to payment or delivery of the property, and I request that the following described property be		
	paid, delivered, or transferred	o me:	
11.	All statements in this affidav	are true and correct and I acknowledge that any false statement may subject the	
	person or persons herein clair	ing to penalties relating to perjury under the laws of the State of Wyoming and any	
	other applicable law.		
Signature	e of Affiant making the above st	tements	
Name (ty	ype or print)		
Address	3		
City, stat	te, zip		
		e by,	
this	day of	, 20	

Notary Public