

COUNTY OF \_\_\_\_\_

SMALL ESTATE AFFIDAVIT

[to be used only when decedent died on or after January 1, 2015]

I, \_\_\_\_\_, on oath state:
(Name of Affiant)

- 1. (a) My post office address is
(b) My residence address is
(c) I understand that, if I am an out-of-state resident, I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service process in Illinois is:
Name City
Address Telephone (if any)

I understand that if no person is named above as my agent for service or, if for any reason, service on the named person cannot be effectuated, the Clerk of the Circuit Court of \_\_\_\_\_ (county)/(Judicial Circuit) Illinois, is recognized by Illinois law as my agent for service of process.

- 2. The decedent's name is
3. The date of the decedent's death was, and I have attached a copy of the death certificate hereto if not already submitted.
4. The decedent's place of residence immediately before his/her death was

- 5. No Letters of Office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000.00 and consists of the following: (Here, list each asset, e.g., cash, stock, and its fair market value).

Funds and/or assets held with the Illinois State Treasurer's Office

- 7. Please mark (X) either (a) or (b): (a) All the decedent's funeral expenses and other debts have been paid; or (b) All the decedent's known unpaid debts are listed and classified as follows:

Class 1: Funeral and burial expenses, which include reasonable amounts paid for a burial space, crypt, or niche; a marker on the burial space; and care of the burial space, crypt, or niche; expenses of administration; and statutory custodial claims:

Name
Post Office Address Amount

Class 2: Surviving spouse's award or child's award, if applicable:

Name
Post Office Address Amount

Class 3: Debts due the United States:

Name
Post Office Address Amount

Class 4: Money due employees of the decedent of not more than \$800 for each claimant for services rendered within four (4) months prior to the decedent's death and expenses attending the last illness:

Name \_\_\_\_\_

Post Office Address \_\_\_\_\_ Amount \_\_\_\_\_

**Class 5:** Money and property received or held in trust by the decedent that cannot be identified or traced:

Name \_\_\_\_\_

Post Office Address \_\_\_\_\_ Amount \_\_\_\_\_

**Class 6:** Debts due the State of Illinois and any county, township, city, town, village, or school district located within Illinois:

Name \_\_\_\_\_

Post Office Address \_\_\_\_\_ Amount \_\_\_\_\_

**Class 7:** All other claims:

Name \_\_\_\_\_

Post Office Address \_\_\_\_\_ Amount \_\_\_\_\_

7.5 I understand that all valid claims against the decedent's estate described in paragraph 7 must be paid by me from the decedent's estate before any distribution is made to any heir or legatee. I further understand that the decedent's estate should pay all claims in the order set forth above, and if the decedent's estate is insufficient to pay the claims in any one class, the claims in that class shall be paid pro rata.

8. There is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7.

9. (a) The names and places of residence of any surviving spouse, minor children and adult dependent\* children of the decedent are as follows:

<u>Name and Relationship</u>	<u>Place of Residence</u>	<u>Age of Minor Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\* Note: An adult dependent child is one who is unable to maintain himself and is likely to become a public charge.

(b) The award allowable to the surviving spouse of a decedent who was an Illinois resident is \$\_\_\_\_\_ (\$20,000, plus \$10,000 multiplied by the number of minor children and adult dependent children who resided with the surviving spouse at the time of the decedent's death. If any such child did not reside with the surviving spouse at the time of the decedent's death, so indicate in 9a).

(c) If there is no surviving spouse, the award allowable to the minor children and adult dependent children of a decedent who was an Illinois resident is \$\_\_\_\_\_ (\$20,000, plus \$10,000 multiplied by the number of minor children and adult dependent children), to be divided among them in equal shares.

10. Indicate either 10a or 10b by marking (X) the correct box.

(a)  The Decedent left no will. The names, places of residence and relationships of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where decedent died intestate are as follows:

<u>Name, Relationship and Place of Residence</u>	<u>Age of Minor</u>	<u>Portion of Estate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b)  The decedent left a will, which has been filed with the clerk of an appropriate court. A certified copy of the will on file is attached. To the best of my knowledge and belief the will on file is the decedent's last will and was signed by the decedent and the attesting witnesses as required by law and would be admissible to probate. The names and places of residence of the legatees and the portion of the estate, if any, to which each legatee is entitled are as follows:

<u>Name, Relationship and Place of Residence</u>	<u>Age of Minor</u>	<u>Portion of Estate</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

10.3 My relationship with the decedent or the decedent's estate is as follows \_\_\_\_\_

**10.5 I understand that the decedent's estate must be distributed first to satisfy claims against the decedent's estate as set forth in paragraph 7.5 of this affidavit before any distribution is made to any heir or legatee. By signing this affidavit, I agree to indemnify and hold harmless all creditors of the decedent's or financial institutions relying upon this affidavit who incur any loss because of reliance on this affidavit, up to the amount lost because of any act or omission by me. I further understand that any person, corporation or financial institution recovering under this indemnification provision shall be entitled to reasonable attorney's fees and the expenses of recovery.**

11. After payment by me from the decedent's estate of all debts and expenses listed in paragraph 7, any remaining property described in paragraph 6 of this affidavit should be distributed as follows:

<u>Name</u>	<u>Specific Sum or Property to be Distributed</u>
_____	_____
_____	_____

The foregoing statement is made under the penalties of perjury. (Note: A fraudulent statement made under the penalties of perjury is perjury, as defined in Section 32.2 of the Criminal Code of 2012.)

_____ Signature of Affiant	_____ Date	_____ Daytime Telephone Number
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Signed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH REQUESTED INFORMATION.