

Small Estate Affidavit for Insurance Proceeds

I,

, being duly sworn, state as follows:

Date:

Affiant's Address:

Decedent's Information

Full Name of Decedent:

Date of Death:

Last Address:

Policy Number(s):

Affidavit Statement

1. The decedent died on the date above and was a resident of

.

2. The total value of the entire estate, including insurance proceeds to be collected, does not exceed the limit for a small estate under state law.

3. At least

days have passed since the decedent's death.

4. No application or petition for the appointment of a personal representative is pending or has been granted.

5. The following people are entitled to payment of the insurance proceeds:

Names and Addresses of Heirs/Beneficiaries:

Relationship to Decedent:

Total Estate Value:

Other Relevant Details:

Affiant's Signature

Signature:

Date:

Printed Name:

Notary Public (if required):