

Small Estate Affidavit for Medicaid Recovery

State of

County of

Decedent Information

Name of Decedent

Date of Death

Last Residence Address

Medicaid Recipient ID (if known)

Affiant Information

Name of Affiant

Relationship to Decedent

Address

Phone Number

Estate Information

Total Value of Estate

List of Estate Assets

List of Estate Debts

Heirs/Beneficiaries

Names and Addresses of All Heirs/Beneficiaries

Affidavit

Statement:

Date

Signature of Affiant

Notary Public