## **IOWA SMALL ESTATE AFFIDAVIT**

In accordance with IA §633.356

AFFIDAVIT OF _	
	(Distributee's name)

#### FOR COLLECTION OF DECEDENT'S PROPERTY

	TOR GOLLEGIIOR OF B	LOLDLINI	OI LIVII	
l <i>(Dis</i> i decla	tributee's name), re that the following statements are true:	, being fire	st duly sworn upor	n oath,
1.	Decedent, , in the State will be filed alongside this Affidavit.	, died on the of lowa. A copy o	day of of Decedent's dea	, 20 th certificate
2.	My name is [State].	, of	<i>L</i>	[Address],
3.	More than forty (40) days have elapsed s	ince Decedent's	death.	
4.	I am either an heir of the Decedent, and t devisee of the Decedent in the decedent'		no will, or I am a ı	named
5.	No administration is pending or has been necessary.	granted in Dece	dent's estate and	none appears
6.	The Descendant's estate. value of assets	exceeds the est	ate's presently kn	own liabilities.
7.	The value of the entire assets of the estate exempt property, does not exceed the limit		•	
8.	The value of the entire assets of the estate exempt property, exceeds the known liab	·	ot including home	estead and
9.	At time of signing, there is no reasonable	expectation that	a probate of the E	Descendant's



estate is soon to commence.

#### 10. All assets of the Decedent's estate and their values are listed here.

Description of Asset(s) List with enough detail to identify exactly what the asset is. For example, give bank name and last four digits of an account number; give life insurance company name; give description of car plus VIN number; give address & legal description of real property.	Value	Additional information  If exempt property, so indicate.  If decedent was married, indicate:  1. whether each asset was community or separate property, and  2. facts that explain why the asset was community or separate  Use additional pages as necessary.
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

(Continue list as necessary. If list is continued on another page, please note.)



- 11. **All** liabilities/debts of the Decedent's estate and their values are listed here. The affidavit must list **all** of Decedent's debts and other liabilities including all credit card balances, doctor and hospital bills, utility bills, etc. *everything* owed by Decedent or Decedent's estate and not paid off.
  - If none, write "none."
  - If funeral debts or attorney's fees and expenses will be paid from estate assets, list them here.

Description of Liabilities / Debts:  List with enough detail to identify the creditor & any account.	Balance Due

(Continue list as necessary. If list is continued on another page, please note.)



	Also indicate who	o has paid or will pay t	he fees:
1	2. The following facts regarding Deshare of Decedent's estate, to the of homestead and exempt proper check marks in the appropriate indicated.]	ne extent that the assets erty, exceed the liabilities	of Decedent's estate, exclusi s of Decedent's estate. <i>[Put</i>
Fa	mily History #1: Marriage.		
	On the date of Decedent's death,	Decedent was a single	person.
<u>OR</u>			
	On the date of Decedent's death,		
	·	The date they were ma	arried:
		·	
- - a	mily History #2: Children		
	mily History #2: Children.  Decedent had no children by birth into Decedent's home to raise as box.)	•	-
	Decedent had no children by birth into Decedent's home to raise as box.)	•	-
Fai	Decedent had no children by birth into Decedent's home to raise as box.)  The following children were born or not the child is still alive and where the children is still alive and the ch	a child. (Skip to Family to or adopted by Deced nether or not parental ric	History #4 if you check this ent. List <u>all</u> children, whether ghts were later terminated. If
 <u>DR</u>	Decedent had no children by birth into Decedent's home to raise as box.)  The following children were born	a child. (Skip to Family to or adopted by Deced nether or not parental ric	History #4 if you check this ent. List <u>all</u> children, whether ghts were later terminated. If
 <u>DR</u>	Decedent had no children by birth into Decedent's home to raise as box.)  The following children were born or not the child is still alive and when parental rights were terminated for	to or adopted by Decednether or not parental right any child, give details  Birth date, if	History #4 if you check this ent. List <u>all</u> children, whether this were later terminated. If on separate page(s).
□ DR	Decedent had no children by birth into Decedent's home to raise as box.)  The following children were born or not the child is still alive and when parental rights were terminated for	to or adopted by Decednether or not parental right any child, give details  Birth date, if	History #4 if you check this ent. List <u>all</u> children, whether this were later terminated. If on separate page(s).
□ DR	Decedent had no children by birth into Decedent's home to raise as box.)  The following children were born or not the child is still alive and when parental rights were terminated for	to or adopted by Decednether or not parental right any child, give details  Birth date, if	History #4 if you check this ent. List <u>all</u> children, whether this were later terminated. If on separate page(s).
□ DR	Decedent had no children by birth into Decedent's home to raise as box.)  The following children were born or not the child is still alive and when parental rights were terminated for	to or adopted by Decednether or not parental right any child, give details  Birth date, if	History #4 if you check this ent. List <u>all</u> children, whether this were later terminated. If on separate page(s).
□ <u>OR</u>	Decedent had no children by birth into Decedent's home to raise as box.)  The following children were born or not the child is still alive and when parental rights were terminated for	to or adopted by Decednether or not parental right any child, give details  Birth date, if	History #4 if you check this ent. List <u>all</u> children, whether this were later terminated. If on separate page(s).



Family History #3: Children, part 2. Answer if Decedent had any						
chi	ildren.					
	☐ All of Decedent's children, by birth or adoption, were alive when Decedent died.					
<u>OR</u>						
	death and were survived by children (or grandchildren or great-grandchildren):					
	Name of deceased child Date Names of all children of the deceased child					
	(followed by the name of the deceased child's other parent deceased child's dec					
	in parentheses)	died	dates of all grand	•	names a sitti	
	(Continue list as necess	sary. If list is o	continued on anoth	her page, please note.	)	
AN	D/OR					
	The following of Decedent's	children, by	/ birth or adopti	on, died before the	Decedent's	
	death and were not survive		•			
	grandchildren:					
	Name of deceased child			Date child died		
	(Continue list as necessary. If list is continued on another page, please note.)					
Fai	Family History #4: Parents.					
	] The Decedent was survived by both parents,					
	The Decedent was survived by both parents, (father).					
<u>OR</u>						
	□ Decedent was survived by only one parent,					
	Decedent's other parent,, died on					
	·					
<u>OR</u>						
l⊓	Both of Decedent's parents of	lied hefore	Decedent's de	ath		



The	<u> </u>	out Deced	lent's si	<b>lers.</b> sters and brothers is <u>not</u> ne ırandchildren, or great-gran	
 	Decedent died, including	g half-brot	thers ar	rs and sisters <b>who were al</b> ind half-sisters who were bor If any of the following are n	n to <i>either</i> of
	Name of brother or sister			State whether full or half- sibling	Birth date
AND	•	ecessary. If	list is cor	ntinued on another page, please	note.)
□ ·	- The following of Deceder	either of I		sisters (including half-broth nt's parents) <b>died before D</b>	
	Name of deceased brother or sister (followed by the date of death in parentheses)	Full or half sibling?	brother nieces	of all children of the deceased or sister (nephews and of Decedent) that were alive date Decedent died	Birth dates of nieces & nephews
	(Continue list as ne	ecessary If	list is cou	ntinued on another page, please	note.)

### Family History #6: Other.

Fill out a separate page (or pages) <u>if</u> Decedent was survived by <u>none</u> of the following: spouse, child, grandchild, parent, brother, sister, half-brother, half-sister, niece, or nephew. If Decedent was survived by none of the above, list all of the surviving relatives of Decedent on a separate page. Specify Decedent's family history with respect to each of the survivors, giving sufficient detail about names, birth dates, death dates, and relationships to explain how each survivor is related to Decedent.



### HEIRS OR DISTRIBUTEES OF THE DECENDENT.

13. Based on the family history given in this Affidavit, the following chart lists all of the Decedent's heirs at law, together with their fractional interests in Decedent's estate:

Share of separate personal property (always fill out this column)	Share of separate real property (always fill out this column)	Share of decedent's community property (fill out this column if decedent was married)
	separate personal	separate separate real

(Continue list as necessary. If list is continued on another page, please note.)



# SIGNATURE OF DISTRIBUTEE (AFFIANT)

STATE OF§	
COUNTY OF §	
I am a Distributee in the Estate of	
Distributee's printed name	Distributee's signature
SWORN TO AND SUBSCRIBED before me by a Distributee, on this day of , 20	
(SEAL)	



# AFFIDAVITS AND SIGNATURES OF TWO (2) DISINTERESTED WITNESSES STATE OF § COUNTY OF § I have no interest in the Estate of \_\_\_\_\_ , Deceased, and am not related to Decedent under the laws of descent and distribution of the State of \_\_\_\_\_ . I swear or affirm that the facts contained in this Affidavit regarding family history, assets, and liabilities are true and complete to the best of my knowledge. Disinterested Witness's printed name Disinterested Witness's signature SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_\_ [name of witness, a disinterested witness, on this the \_\_\_\_ day of \_\_\_\_ , 20\_\_ . (SEAL) Notary Public, State of \_\_\_\_\_ STATE OF § COUNTY OF \_\_\_\_\_\_§ I have no interest in the Estate of \_\_\_\_\_ , Deceased, and am not related to Decedent under the laws of descent and distribution of the State of . I swear or affirm that the facts contained in this Affidavit regarding family history, assets, and liabilities are true and complete to the best of my knowledge. Disinterested Witness's printed name **Disinterested Witness's signature** witness, a disinterested witness, on this the \_\_\_\_ day of \_\_\_\_, 20\_\_. (SEAL) Notary Public, State of \_\_\_ Prepared in the Law Office of:



[Attorney signature]