

SMALL ESTATE AFFIDAVIT WORKSHEET

PART I - DECEDENT INFORMATION

- A) Name of Decedent: _____
- B) Date of Birth: _____
- C) Date of Death: _____
- D) Place of Death: _____
- E) Address of Decedent's Residence at Time of Death: _____
- _____

- F) Did Decedent leave a will: Yes: ____ No: ____
- G) Has an administration of Decedent's estate been granted: Yes: ____ No: ____
- H) Did Decedent apply for and receive Medicaid benefits on or after March 1, 2005:
 Yes: ____ No: ____ If YES, will a MERP claim be filed? Yes: ____ No: ____

I) List all **assets** of the decedent's estate and their values:

Description of Asset(s)	\$\$ value of Decedent's interest on date of affidavit	Additional information
List each asset 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.	For each asset, list the value of Decedent's interest in that asset. An affidavit cannot be approved with an asset of "unknown" value.	1. If decedent was married, indicate: <ul style="list-style-type: none"> • whether each asset was community or separate property, and • facts that explain why the asset was community or separate, and • total value of each community property asset. 2. If decedent was survived by a spouse, minor children, or unmarried adult children who lived with decedent, the list of known estate assets must indicate which assets applicant claims are exempt. Use additional pages as necessary.

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

J) List all **liabilities** of the Decedent’s estate and their values, as of the date the affidavit is signed. The affidavit must list all of Decedent’s existing 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: <small>List with enough detail to identify the creditor & any account.</small>	Balance Due

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

PART II – FAMILY INFORMATION

A) Number of times Decedent was Married: _____

Name	Date of Birth	Date of Marriage	Status of Marriage	Current Address	Date and Place of Death

B) Was Decedent single at date of Decedent’s death: Yes: ____ No: ____

C) Number of Children Decedent had: _____

Name	Date of Birth	Name of Other Parent	Current Address & Phone Number	Date of Death <small>If child has died, ensure you fill out “E”</small>

D) Number of Children Decedent adopted or took into their home to raise: _____

Name	Date of Birth	Current Address	Date of Death

E) If any of Decedent's children, by birth or adoption, died before the Decedent's death and were survived by children (or grandchildren or great-grandchildren):

Name of deceased child	List all children of the deceased child, include address, age (if a minor, name of guardian) <small>(if any of these children died before Decedent, use a separate page to give date of death, plus names & birth dates of all grandchildren)</small>

F) If Decedent was not survived by descendants (children or grandchildren), please provide the following information about Decedent's parents:

1. Name of Decedent's Mother: _____

Date of Birth: _____

Current Address or Date of Death: _____

2. Name of Decedent's Father: _____

Date of Birth: _____

Current Address or Date of Death: _____

G) If Decedent was not survived by descendants or by both mother and father, please provide the following information about Decedent's siblings:

Name	Date of Birth	Current Address	Date of Death

PART III - AFFIANT DATA

The Small Estate Affidavit must be signed by two disinterested witnesses who have no interest in Decedent's estate, are not related to Decedent under the Texas laws of descent and distribution and have knowledge of facts contained in the Affidavit.

Affiant 1:

Name: _____ Telephone Number: _____

Address: _____

Relationship to Decedent: _____

Affiant 2:

Name: _____ Telephone Number: _____

Address: _____

Relationship to Decedent: _____