

IN RE:

DECEASED

SSN: \_\_\_\_\_

Acct #: \_\_\_\_\_

### SMALL ESTATE AFFIDAVIT

COMMONWEALTH OF VIRGINIA, CITY/COUNTY OF \_\_\_\_\_

COME NOW THE UNDERSIGNED, and pursuant to the "Virginia Small Estate Act" [64.1-132.1 et seq. of the Code of Virginia and also 6.1-71 of the Code of Virginia], do make and present this affidavit and claim for funds held by

\_\_\_\_\_, ("THE HOLDER") in the name of

the above decedent, and state the following:

- That the above named decedent died \_\_\_\_\_ (date) and **[Check ONE only]**
  - was Intestate (no will). OR
  - left a will that has been probated.
- That the undersigned is/are the only successors or heirs at law of the decedent, namely,

Name	Address	Relation

- That the value of the entire estate of the decedent is less than \$15,000.00.
- At least 60 days has elapsed since the death of the above decedent.
- No application for appointment of a personal representative is pending or has been granted in any jurisdiction.
- A list of heirs required by 64.1-134 has been filed, and a true copy is attached hereto.
- The undersigned is/are entitled to payment or receipt of the property as heirs at law.

Wherefore the undersigned request that THE HOLDER: **[Check ONE only]**

- Pay \$\_\_\_\_\_ [MAX \$2000.00] to \_\_\_\_\_ Funeral Home, and hold the balance of proceeds for further instructions.
- Pay or deliver the property of the above named decedent to them as authorized by law (check will be payable to ALL persons named).
- Divide the funds equally among each of us

We each, jointly and severally, agree to indemnify and hold harmless The Holder (as identified above), from any loss, damage or claim, including attorneys fees, arising from its honoring this request.

\_\_\_\_\_  
\_\_\_\_\_

The foregoing was subscribed and sworn to before me on \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notary Public