

IN THE COUNTY COMMISSION OF MONROE COUNTY, WEST VIRGINIA

RE: THE ESTATE OF \_\_\_\_\_

DOD: \_\_\_\_\_

**AFFIDAVIT FOR SMALL ESTATE**

STATE OF WEST VIRGINIA:  
COUNTY OF MONROE, To-wit:

I, \_\_\_\_\_, being a Successor of the Decedent identified below, being duly sworn, upon oath and under penalty of perjury, do depose and say to the best of my knowledge and belief as follows:

1. My name is \_\_\_\_\_, and my current address is

\_\_\_\_\_  
\_\_\_\_\_.

2. The Decedent, \_\_\_\_\_, died on \_\_\_\_\_, as a resident of \_\_\_\_\_ County, State of West Virginia, with his/her usual residence being \_\_\_\_\_.

A certified Death Certificate has been furnished herewith for filing in this County. I am a Successor of the Decedent as \_\_\_\_\_ (state relationship).

3. The Decedent died (check one):

TESTATE (with a Will) \_\_\_\_\_ (if "yes" complete Paragraph 4) or

INTESTATE (without a Will) \_\_\_\_\_ (if "yes" complete Paragraph 5);

In either case, now proceed to Paragraph 6.

4. If TESTATE:

At the date of death, the Decedent died with an original Last Will and Testament of the Decedent dated \_\_\_\_\_, without any codicil thereto ( ) or with codicil(s) thereto dated \_\_\_\_\_ ( ) {Check if applies}. The aforesaid

original Last Will and Testament of the decedent, together with any codicil(s), is furnished herewith for recording in this County as permitted by West Virginia §44-1A-2(b).

Under the Last Will and Testament of the Decedent, the following person(s) is/are nominated to be the personal representative(s) of the Estate:

a. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pursuant to the provisions of the above referenced Will of the Decedent, the following person(s) is/are the named beneficiaries of the estate of the Decedent:

a. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_  
Share or percentage or particular item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_  
Share or percentage or particular item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_

Share or percentage or particular item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_  
Share or percentage or particular item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_  
Share or percentage or particular item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_  
Share or percentage or particular item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_  
Share or percentage or particular item(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If INTESTATE

At the date of death, the Decedent died intestate with no known Will. The Decedent left as his/her heirs-at-law and distributes in accordance with the laws of intestate descent and distribution of the State of West Virginia, the following persons:

a. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP to Decedent: \_\_\_\_\_

Share or percentage: \_\_\_\_\_

b. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP to Decedent: \_\_\_\_\_

Share or percentage: \_\_\_\_\_

c. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP to Decedent: \_\_\_\_\_

Share or percentage: \_\_\_\_\_

d. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP to Decedent: \_\_\_\_\_

Share or percentage: \_\_\_\_\_

e. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP to Decedent: \_\_\_\_\_

Share or percentage: \_\_\_\_\_

f. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_

g. NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
RELATIONSHIP to Decedent: \_\_\_\_\_  
Share or percentage: \_\_\_\_\_

6. The Decedent's entire personal probate estate, as of the date of the Decedent's death, wherever located, consists only of small assets and the aggregate fair market value of the small assets does not exceed \$50,000. The small assets of the Decedent are described and itemized as follows:

	DESCRIPTION	FAIR MARKET VALUE
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	
6.	_____	
7.	_____	
8.	_____	
9.	_____	
10.	_____	

(IF MORE SPACE IS NEEDED, attach additional pages to affidavit)

7. The Decedent did ( ) / did NOT ( ) {Check one which applies} die seized and possessed of any probate real estate or interests in probate real property in the State of West Virginia. If the Decedent died seized and possessed of any probate real estate or interest in real estate in the State of West Virginia, the aggregate fair market value of all of the real estate interests in real property situate in the State does not exceed \$100,000 and the real estate of the Decedent in West Virginia, is as follows:

DESCRIPTION	County	Assessed Value	Fair Market Value
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			
9. _____			
10. _____			

(IF MORE SPACE IS NEEDED, attach additional pages to affidavit)

8. ( ) {Check if applies} or ( ) {Check if Not Applicable}. If the affiant is a Successor who was nominated as a personal representative or executor under the provisions of the above Will of the Decedent, at least 30 days have elapsed since the Decedent's date of death and no application for the appointment of a personal representative for the Decedent is pending or has been granted in any jurisdiction.

or

( ) {Check if applies} or ( ) {Check if Not Applicable}. If the affiant is a Successor who was NOT nominated as a personal representative or executor under the provisions of the above Will of the Decedent or if the Decedent died intestate without a Will, at least 60 days have elapsed since the Decedent's date of death and no application for the appointment of a personal representative for the Decedent is pending or has been

granted in any jurisdiction, and no affidavit of Small Estate has been filed by a Successor nominated as a personal representative or executor under the provisions of the Will of the Decedent.

9. The undersigned Affiant will faithfully administer the small assets of the Decedent in accordance with the law and pay or deliver the same to the Successor or Successors so entitled.

WITNESS my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant/Successor

Taken, subscribed and sworn to before me the undersigned authority by  
\_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Place Seal Below

My Commission Expires:

\_\_\_\_\_