**SMALL ESTATE AFFIDAVIT**

State of Washington )  
 )  
County of KinG )

Having been sworn under oath, I, \_\_\_\_\_\_\_\_\_\_\_\_\_, execute this Small Estate Affidavit as a Successor, as defined by RCW 11.62.005, of the Decedent \_\_\_\_\_\_\_\_\_\_\_\_, and declare as follows:

1. A true and correct copy of the death certificate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is attached to this Affidavit as **Exhibit A**.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ passed away on \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. Forty or more days have elapsed since his/her death.
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was a resident of the State of Washington at the time of death.
4. No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.
5. The value of the Decedent’s entire estate subject to probate, wherever located, less liens and encumbrances, does not exceed one hundred thousand dollars ($100,000.00).
6. All of the Decedent’s debts, including funeral expenses, have been paid or provided for.
7. My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and my address is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
8. **Option 1**: There are \_\_\_\_\_ other Successors, as that term is defined in RCW 11.62.005. I have given them written notice, by personal service or mail, identifying my claim and describing the property claimed. At least ten (10) days have elapsed since the service or mailing of such notice. **Option 2**: I am the only claimed successor.
9. **Option 1**: I am personally entitled to full payment or delivery of the property claimed on behalf and with the written authority of all other claiming Successors. **Option 2:** I am personally entitled to full payment or delivery of the property claimed.
10. **The property claimed is any and all funds of the Decedent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ held at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, including but not limited to funds held in account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add List

**SIGNED AND SWORN** to before me on this \_\_\_\_\_ day of , 20\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC in and for the State of

Washington, Residing at:\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission expires:\_\_\_\_\_\_\_\_\_\_\_\_\_