STATE OF WASHINGTON

Estate of

SMALL ESTATE AFFIDAVIT (RCW 11.62.010)

Deceased.

Having been sworn under oath, I declare as follows:

- 1. **Decedent's Death Certificate.** A copy of Decedent's Death Certificate is attached to this Affidavit.
- 2. **Forty-Days Since Death.** Forty (40) or more days have elapsed since Decedent's death.
- 3. Washington Resident. Decedent was a resident of Washington at his/her death.
- 4. **No Personal Representative.** No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.
- 5. **Decedent's Net Probate Estate Does Not Exceed \$100,000.** The value of Decedent's entire estate subject to probate, not including any surviving spouse's community property interest in such assets, wherever located, less liens and encumbrances, does not exceed one-hundred thousand dollars (\$100,000).
- 6. **Decedent's Debts.** All of Decedent's debts, including funeral and burial expenses, have been paid or provided for.
- 7. **My Name & Address.** My name and address are as shown below.
- 8. **Claiming Successor.** I am a "successor" of Decedent as defined in RCW 11.62.005.

9. Oth	er Claiming Successors.
	No Others. I am the only claiming Successor; there are no others.
	OR
	Other Claiming Successors. There are other claiming Successors. I have given each of 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.
10. Enti	tlement to Property.
	Sole Entitlement. I am personally entitled to full payment or delivery of the property claimed.
	OR
	Entitlement on Behalf of All Claiming Successors. 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; a copy of which authority is attached to this Affidavit.
_	perty Claimed. A description of the personal property claimed, all of which bject to probate, is as follows:
Dated:	
Signature:	
~	Decedent's Claiming Successor
Printed Name	e:
Address:	

STATE OF WASHINGTON	
COUNTY OF) ss.)
SUBSCRIBED AND SWORM	N TO before me this day of, 200
	Signature
	Printed Name
	NOTARY PUBLIC for Washington
	Residing at:
	My appointment expires on:

Declaration under Penalty of Perjury

I declare under penalty of perjury under the laws of the State of Washington that the following is true and correct to the best of my knowledge:

1.	Name	& Address. My name and address are as shown below.	
2.	Affidav	t of Small Estate Affidavit. I have received a copy of the Small Estate it dated, in which the Claimantdeclares she is a Claiming Successor of the Decedent	
3.	Claimi 11.62.0	ng Successor. I am also a "successor" of Decedent as defined in RCW 05.	
4.	Authorization. I authorize the Claimant to receive full payment or delivery of the property claimed on my behalf.		
5.	his/her of prop days of only the	nting. I am providing this authorization to the Claimant in consideration of promise to me that he/she will account to me for all payments or deliveries erty received under his/her <i>Small Estate Affidavit</i> within five (5) business its receipt. This Paragraph 5 concerns the rights and liabilities between e Claimant and me. No possessor of any property claimed has any sibility to see to the application of any property transferred to the Claimant.	
SIGNE	ED		
Date:	On		
Place:	At		
Signat	ure:	Another Claiming Successor of Decedent	
Printed	d Name:		
Addres	ss:		