

COUNTY OF \_\_\_\_\_

SMALL ESTATE AFFIDAVIT

[to be used only when decedent died on or after July 2, 2010 and on or before December 31, 2014]

I, \_\_\_\_\_, on oath state:
(Name of Affiant)

- 1. (a) My post office address is \_\_\_\_\_
(b) My residence address is \_\_\_\_\_; AND
(c) I understand that, if I am an out-of-state resident, I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service process in Illinois is:

Name \_\_\_\_\_ City \_\_\_\_\_
Address \_\_\_\_\_ Telephone (if any) \_\_\_\_\_

I understand that if no person is named above as my agent for service or, if for any reason, service on the named person cannot be effectuated, the Clerk of the Circuit Court of \_\_\_\_\_ (county)/(Judicial Circuit) Illinois, is recognized by Illinois law as my agent for service of process.

- 2. The decedent's name is \_\_\_\_\_
3. The date of the decedent's death was \_\_\_\_\_, and I have attached a copy of the death certificate hereto if not already submitted.
4. The decedent's place of residence immediately before his/her death was \_\_\_\_\_

- 5. No Letters of Office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.
6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000.00 and consists of the following: (Here, list each asset, e.g., cash, stock, and its fair market value).

Funds and/or assets held with the Illinois Treasurer's Office
\_\_\_\_\_

- 7. Please mark (X) the correct box.
(a)  All of the decedent's funeral expenses have been paid; OR
(b)  The amount of the decedent's unpaid funeral expenses and the names and post office address of each person entitled hereto are as follows:

Table with 3 columns: Name, Post Office Address, Amount. Includes three rows of blank lines for data entry.

- 8. There is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7.
9. (a) The names and places of residence of any surviving spouse, minor children and adult dependent\* children of the decedent are as follows:

Table with 3 columns: Name and Relationship, Place of Residence, Age of Minor Child. Includes three rows of blank lines for data entry.

\* Note: An adult dependent child is one who is unable to maintain himself and is likely to become a public charge.

