



State of West Virginia

County of Jackson, ss:

Affidavit for Small Estate
Testate

STATE OF _____

COUNTY OF _____

I, _____ whose address is _____ being first duly sworn, upon oath and under penalty of perjury, do depose and say to the best of my knowledge and belief as follows:

1. The decedent, _____ died Testate on _____, a resident of **Jackson** County, in the State of **West Virginia**.
2. A certified Death Certificate has been furnished herewith for filing in this County. I am a Successor of the Decedent as _____.(state relationship and authority granted by Will if applicable)
3. The Decedent died **Testate**.
4. 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) there to 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:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

5. 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:

Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular item(s): _____

Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular item(s): _____

Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular item(s): _____

Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular item(s): _____

Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular item(s): _____

Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage or particular item(s): _____

Check () if Continuation sheet is attached.

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total: _____	

7. The Decedent DID NOT () **[must be checked]** die seized and possessed of any Probate real estate or interests in real estate in the State of West Virginia.

8. () {Check if applies} or () {Check if Not Applicable}. 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.

9. () {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.

10. 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(s) so entitled, after paying any known or ascertainable creditors of the decedent.

Signature Date

STATE OF _____
COUNTY OF _____

Taken, subscribed and sworn to before me the undersigned authority by _____, this
____ day of _____, _____.

My Commission expires: _____.

Notary Public

NOTARY SEAL