

**SMALL ESTATE AFFIDAVIT
INTESTATE (WITHOUT A WILL)**

IN THE COUNTY COMMISSION OF MONONGALIA COUNTY, WEST VIRGINIA

RE: THE ESTATE OF John J. Smith

DOD: 10-01-21

STATE OF WEST VIRGINIA,

COUNTY OF MONONGALIA, to-wit:

I, Jane E. Smith, being a Successor of the Decedent identified below, 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. My name is Jane E. Smith, and my current address is
123 Any St
Anytown, WV 26501.

2. The Decedent, John J. Smith, died on
10-01-21 (date of death), a resident of Monongalia County, State of West
Virginia, with his/her usual residence being
123 Any St
Anytown, WV 26501.

3. A certified death certificate has been furnished herewith for filing in this County. I am a Successor of the decedent as wife (state relationship).

INTESTACY (NO WILL)

4. At the date of death, the Decedent died intestate with no known will. The Decedent left as his/her heirs-at-law and Distributees in accordance with the laws of intestate descent and distribution of the State of West Virginia the following persons. **Last known mailing address is required (**list any pre-deceased heirs as DECEASED**):

a. Name: Jane E. Smith
Address: 123 Any St, Anytown, WV 26501
Relationship to Decedent: wife
Share or percentage: 100%

b. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

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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: _____

h. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

**** (If more space is needed, attach additional page(s) to affidavit)**

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5. 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
	2015 Chevy Tahoe	\$15,000
	Refund from nursing home payable to estate	\$500
	BB&T Checking account only in decedents name	\$1,000
	Total	\$16,500

must include fair market value

6. The Decedent did () / did not () [Check one which applies] die seized and possessed of any probate real estate or interests in probate real estate 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 or interests in real property situate in this 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
list real estate or oil and gas rights here, using description from tax ticket	list all WV counties	from the tax ticket	MUST INCLUDE FAIR MARKET VALUE
Total			

(If more space is needed, attach additional page(s) to affidavit)

7. () [Check if applies] 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.

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INTESTATE (WITHOUT A WILL)**

8. 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
Contact information of Authorized Successor (phone, email):

Taken, subscribed, and sworn to before me the undersigned authority by

_____, this ____ day of _____, 20__.

Notary Public

Commission Expires

{SEAL}

