

Directors' Funding Source
10603 Holly Springs
Houston, Texas 77042

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SMALL ESTATE AFFIDAVIT

STATE OF _____

COUNTY OF _____

_____. Residing at _____ being duly sworn, deposes and says: _____, insured under policy number _____ issued by _____, died on date of _____ at _____ leaving no will, and no petition for the appointment of a personal representative is pending or has been granted.

Thirty (30) days have elapsed since the death of the decedent, and the value of the entire estate does not exceed _____ dollars (\$_____)

All funeral expenses and expenses of last illness of the decedent have been paid as follows:

And there are no unpaid debts of the decedent or decedent's estate except as follows:

The following relatives of the decedent were surviving at the time of the decedent's death:

<u>RELATIONSHIP</u>	<u>NAME</u>	<u>AGE</u>	<u>RESIDENCE</u>
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Widow or widower:

Children:

Children of deceased children

Other Heirs

The names of heirs-at-law of the decedent are listed above and there are no others who could claim an interest in the estate.

We hereby agree to indemnify and hold harmless the _____ INSURANCE COMPANY from any and all cost, reasonable attorney fees, actions, loss or damage which it may suffer by virtue of payment to me (us) under and because of the said policy of insurance.

signature of Affiant

Mailing Address

Relationship to the decedent

On ____/____/20____, before me, _____ a Notary Public, personally Appeared _____ beneficiary(ies) who acknowledge themselves to be the persons whose names are subscribed to the within instrument. IN WITNESS WHEREOF, I hereunto set my hand and official seal

X _____ NOTARY PUBLIC