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**SMALL ESTATE AFFIDAVIT –
IN RELATION TO VOLUNTARY
ADMINISTRATION OF ESTATE
UNDER ARTICLE 13, SCPA**

VOLUNTARY ADMINISTRATION, Estate of

_____ ,

Deceased.

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STATE OF NEW YORK)

COUNTY OF _____) ss.:

File No. _____

(INSTRUCTIONS: In completing this form, answer each question. This may be done in some instances by crossing out words in parenthesis and in some instances by inserting the required information.)

I, _____, being duly sworn, depose and say

(1) My permanent address is: _____
(Street Address) (City/Town/Village)

(County) (State) (Zip) (Telephone Number)

My mailing address is: _____
(If different from permanent address)

My email address is: _____

(2) My interest is: [] Distributee of decedent [see definition of the term distributee in (6) below].

(Relationship)

[] Other (Specify) _____

(3) The name, permanent address, date, place of death, and citizenship of the decedent, to whose estate this proceeding relates, are as follows:

Name of Decedent (a/k/a, if applicable): _____

Permanent Address: _____
(Street Address) (City/Town/Village) (County) (State)

Date of Death: _____ Place of Death: _____
(City/Town/Village) (State)

Citizenship of Decedent: _____

(4) Decedent died: [] Intestate (without a will)
[] Testate (the original will is attached)

(5) A search of the records of the Court shows that no application has been made in, the estate of the decedent for voluntary administration, letters of administration or for probate of a will, and your affiant is informed and verily believes that no such application ever has been made to any other Surrogate's Court in this state.

(6) The decedent was survived by the following **distributees** classified as follows: [Information is required only as to those classes of surviving relatives who would take the property of decedent pursuant to EPTL §4-1.1 and §4-1.2. State the **number** of survivors in each class. Insert “**NO**” in all prior classes. Insert “**X**” in all subsequent classes].

- a. _____ Spouse (husband/wife);
- b. _____ Child or children and/or issue of predeceased child or children. **[Must include marital, nonmarital, adopted, or adopted-out child under DRL Section 117];**
- c. _____ Mother/Father;
- d. _____ Sisters and/or Brothers, either of the whole or half blood, and issue of predeceased Sisters and/or Brothers (Nieces/Nephews, etc.);
- e. _____ Aunts and/or Uncles; [Include maternal and paternal]

(7) The names and addresses of the decedent's distributees under New York law, including non-marital children and descendants of predeceased non-marital children, and their relationship to the decedent, are as follows: (If more space is needed, add a sheet of paper with the name of the decedent at the top of the page)

<u>Name</u>	<u>Mailing Address, (Including Zip)</u>	<u>Relationship (For children indicate if non-marital)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(8) (If decedent had a will) The name and address of all beneficiaries in the will of the decedent filed herewith are as follows: (If more space is needed, add a sheet of paper with the name of the decedent at the top of the page)

<u>Name</u>	<u>Mailing Address, (Including Zip)</u>	<u>Bequest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(9) The value of exempt property under the EPTL 5-3.1 set off to **a surviving spouse, and if none, to the surviving children under the age of 21**. Exempt property includes, but is not limited to: (1) Household items (furniture, clothing, etc....) not exceeding a total value of \$20,000; (2) family bible, pictures, videotapes, discs, computer tapes, software, books not exceeding a total value of \$2,500; (3) domestic animals with their necessary food for 60 days, farm machinery, one tractor and one lawn tractor, not exceeding in aggregate value \$20,000; (4) **one motor vehicle not exceeding in value \$25,000**; (5) **money not exceeding in value \$25,000**, including but not limited to cash, checking, savings, and money market accounts, certificates of deposit or equivalents there-of, and marketable securities, except that where assets are insufficient to pay the reasonable funeral expense of the decedent, the personal representative must apply such money or other personal property to defray any deficiency in such expenses. **If the decedent is not survived by a spouse or a child under the age of 21, skip to paragraph (10).**

**Items of Exempt Property
Separately Listed**

Value of Each Item

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(10) The value of decedent's personal property, wherever located, exclusive of joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), jointly owned personal property, and property exempt under the EPTL 5-3.1, **does not exceed \$50,000.00.**

(11) The following property, exclusive of joint bank accounts, trust accounts, U.S. savings bonds POD (payable on death), jointly owned personal property and property exempt under EPTL 5-3.1 [as stated in (9)], is a complete list of all personal property owned by the decedent, either standing in his/her own name or owned by him/her beneficially and including items of value in any safe deposit box. (If more space is needed, add a sheet of paper with the name of the decedent at the top of the page)

**Items of Personal Property
Separately Listed**

Value of Each Item

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL \$ _____

(12) All the **liabilities** of the decedent known to me are as follows: (If more space is needed, add a sheet of paper with the name of the decedent at the top of the page)

Name of Creditor

Amount Owed

_____	_____
_____	_____
_____	_____

(13) I undertake to act as voluntary administrator of the decedent's estate, and to administer it pursuant to Article 13 of the Surrogate's Court Procedure Act. I agree to reduce all of the decedent's assets to possession; to liquidate such assets to the extent necessary; to open an estate bank account in a bank of deposit or savings bank in this state, in which I shall deposit all money received, other than exempt property under EPTL 5-3.1; to sign all checks drawn on or withdrawals from such account in the name of the estate by myself, as voluntary administrator; to pay the expenses of administration, the decedent's reasonable funeral expenses and his/her debts in the order provided by law; and to distribute the balance to the

person or persons and in the amount or amounts provided by law. I understand that exempt property vests in the surviving spouse or children under the age of 21 as of decedent's death and is not part of decedent's estate other than to pay funeral expenses in the event there are no other assets in the estate to pay said expenses. As voluntary administrator, I shall file in this court an account of all disbursements and of all assets received other than for exempt property.

(14) If letters testamentary or of administration are later granted, I acknowledge that my powers as voluntary administrator shall cease, and I shall deliver to the court-appointed fiduciary a complete statement of my account and all assets and funds of the estate in my possession.

Signature of Affiant

Print Name

Sworn to before me on _____, 20 _____

Notary Public
My Commission Expires:
(Affix Notary Stamp or Seal)

Signature of Attorney: _____
Print Name: _____
Firm Name: _____ Tel. No.: _____
Address of Attorney: _____