

IN THE _____ COURT OF _____, ARKANSAS
_____ DIVISION

AFFIDAVIT FOR COLLECTION OF SMALL ESTATE
BY DISTRIBUTEES

_____, _____ and _____,

for the purpose of dispensing with administration of the estate of
_____, deceased, STATE ON OATH:

1. The decedent, _____, aged _____, who resided at
_____ in _____ County, Arkansas, died at _____
_____, on or about the _____ day of _____, 20___. No
petition for the appointment of a personal representative for decedent's estate is pending
or has been granted.

2. More than forty-five (45) days have elapsed since the death of the
decedent.

3. The value, less encumbrances, of all property owned by the decedent at
the time of death, excluding the homestead of and statutory allowances for
the benefit of the widow or minor children, if any, of the decedent, does not
exceed one hundred thousand and no/100 dollars (\$100,000). An itemized
description and separate valuation of each item of property of the decedent,
including the homestead, if any, and the names and addresses of the
persons who have possession thereof, are as follows:

Description of
Property and Extent
and Details of
Encumbrances, If
Any:

Valuation Less
Encumbrances:

In Possession of:

[The decedent left no Will.]

[The decedent left a Will that was admitted to probate by the Probate Court of _____ County, Arkansas, and appears of record in such County in Will Record Book No. _____ at Page _____, and, unless probated in this County,

[a certified copy thereof is attached hereto.]

- 4. There are no unpaid claims or demands against the decedent or his/her Estate.
- 5. The names, ages, relationships to the decedent and residence addresses of the persons entitled to receive the property of the decedent as surviving spouse, heirs or devisees of decedent's Will are:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Residence Address</u>
-------------	------------	---------------------	--------------------------

DATED this _____ day of _____ 20_____

AFFIANT

AFFIANT

AFFIANT

STATE OF ARKANSAS
COUNTY OF _____ SS VERIFICATION

I, _____, resident of the aforesaid County and State, do hereby affirm that the facts contained herein the foregoing Affidavit for Collection of Small Estate by Distributees, are true and correct to the best of my knowledge, information and belief, that the facts I believe to be true are based on my own observations and perceptions of matters having transpired. DATED THIS _____ day of _____ 20__.

AFFIANT

STATE OF ARKANSAS
COUNTY OF _____ SS ACKNOWLEDGMENT

BEFORE ME, a notary public duly sworn in the aforesaid County and State, appears _____, to me well known, WITNESSETH his/her hand, who, after reading, affirms that the foregoing Affidavit for Collection of Small Estate by Distributees, is written and stated correctly.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

MY COMMISSION EXPIRES:
_____[SEAL]

NOTARY PUBLIC

CERTIFICATE OF CLERK

The undersigned Clerk of the Probate Court of _____ County, Arkansas, certifies that the foregoing is a true copy of an Affidavit filed in this Court on the _____ day of _____, 20_____, that the same remains on file and that no petition for the appointment of a personal representative of the estate described in the caption has been filed in this Court.

DATED this _____ day of _____ 20_____.

CLERK

BY: _____
DEPUTY CLERK