IN THE CIRCUIT COURT OF THE STATE OF
OREGON FOR THE COUNTY OF CROOK

In the Matter of the Small Estate of	)	
	)	Case No. _____
_____	)	
Deceased.	)	AFFIDAVIT OF CLAIMING SUCCESSOR
	)	(SMALL ESTATE AFFIDAVIT)
	)	

STATE OF OREGON)
) ss.
County of Crook)

I swear that the following statements are true:

1. <u>The affiant</u>. My name and address are:

_____
_____
_____

I have authority to file this affidavit because: *[check at least one that applies]*

☐ I am an heir of the decedent, and the decedent left no will.
☐ I am a devisee of the decedent under the decedent's will.
☐ I am named the personal representative under the decedent's will.
☐ I am a creditor and have not been paid the full amount owed to me within 60 days of the decedent's death. **Creditors must check the box that applies**:

- ☐ The decedent died intestate and without heirs. I have attached written authorization from the Division of State Lands allowing me to file this small estate proceeding; <u>or</u>
- ☐ Authorization from the Division of State Lands is not required because the decedent died testate or left heirs.

2. <u>The decedent.</u>

Name: _____Age: _____ Soc. Sec. No. _____
Home or mailing address: _____
Date of death: _____Place of death: _____

A certified copy of the death certificate is attached.

3. <u>The decedent's estate</u>. The following property is in the decedent's estate:

<u>Real Property</u> *[attach a legal description]* Fair Market Value
[maximum total value $200,000]

_____
_____
_____
_____
_____

<u>Personal Property</u> *[PERS accounts, bank accounts, jewelry, etc.]* Fair Market Value
[maximum total value $75,000]

_____
_____
_____
_____
_____

["Fair market value" means the value of the property on the open market (between unrelated parties), not reduced to reflect debts owed against the property. Do not include property that transfers automatically to others following death (such as joint bank accounts).]

4. <u>Affidavit should be filed in Crook County</u>. This small estate affidavit should be filed in Crook County because *[check at least one that applies]*:

- ☐ The decedent died in Crook County.
- ☐ At death, the decedent lived in or had a home in Crook County.
- ☐ The decedent had property located in Crook County at death or when this affidavit is filed.

Thirty or more days have passed since the decedent died.

5. <u>No probate estate exists.</u> No application or petition for the appointment of a personal representative has been granted in Oregon. *[This means that no Oregon court has opened a probate estate for the decedent.]*

6. <u>Is there a will?</u> *[Check the one that applies]*

- ☐ The decedent died testate (**did** leave a will). **The original will (not a copy) is attached.**
- ☐ The decedent died intestate (did **not** leave a will).

7. <u>The heirs</u>. The heirs of the decedent, and their addresses, are:

Name of each heir	Relationship to decedent	Last-known address

8. <u>The devisees</u>. *[This part only applies if the decedent left a will. If the decedent did not leave a will, write in "none."]*

The devisees named in the decedent's will, and their last-known addresses, are:

Name of each devisee	Last-known address

9. <u>Notice to heirs and devisees</u>. I promise to give to each heir and each devisee, if any, (1) a copy of this affidavit showing the date of filing and (2) a copy of the will, if the decedent died testate. I will do this by delivering or mailing the papers to the heirs and devisees at the last known addresses. I will do this within 30 days after this affidavit is filed with the court.

10. <u>Who gets what?</u> The following people are entitled to the following property:

Name of heir or devisee	Property to be received

[If a will exists, the will governs who gets what. If no will exists, the laws of intestacy apply (see the instructions). If one person is to receive the entire estate, state "entire estate" or "100% of residue" under "Property to be received." If, for example, three people share the estate equally, state "one-third of residue" under "Property to be received."]

11. Creditors. Reasonable efforts have been made to ascertain the creditors of the estate. The following expenses of or claims against the estate remain unpaid (including reimbursement owed to someone who paid claims or expenses):

Creditor's name	Last-known address	Type of claim & estimate or amount

[If the estate has no creditors, write in "none."]

12. Disputed claims. I, as affiant, dispute the following claims against the estate:

Creditor's name	Last-known address	Type of claim & estimate or amount

[If the estate has no creditors making claims the affiant disputes, write in "none."]

13. Notice to creditors. I promise to give each creditor listed in parts 11 and 12 above a copy of this affidavit showing the date of filing. I will do this by delivering or mailing the papers to the creditor at the last-known address. I will do this within 30 days after this affidavit is filed with the court.

14. Notice to Estate Administration. Within 30 days after this affidavit is filed with the court, I promise to mail a copy of the affidavit showing the date of filing to:

Department of Human Services
Estate Administration Unit
PO Box 14021
Salem, Oregon 97309-5024

and

Oregon Health Authority
500 Summer Street NE
Salem, Oregon 97301-1097

15. Claims may be barred. Some claims against the estate may be barred unless specific things happen.

A. Claims against the estate not listed in this affidavit or in amounts larger than those listed in this affidavit may be barred unless:

1) A claim is presented to the affiant within four months of the filing of the affidavit at the address stated in part 1 of this affidavit; or
2) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

B. If this affidavit lists one or more claims which the affiant disputes, any such claim may be barred unless:

1) A petition for summary determination is filed within four months of the filing of this affidavit; or
2) A personal representative of the estate is appointed within the time allowed under ORS 114.555.

I have read this affidavit. The statements it contains are true and correct to the best of my knowledge.

_____
Affiant
Telephone Number:_____

Signed and sworn to before me on _____, 20___.

_____
Notary Public/Court Clerk