IN THE CIRCUIT COURT OF [COUNTY] COUNTY, ARKANSAS

IN THE MATTER OF THE ESTATE OF [DECEDENT NAME], Deceased

**AFFIDAVIT FOR COLLECTION OF SMALL ESTATE BY DISTRIBUTEE**

[AFFIANT NAME], [AFFIANT NAME] and [AFFIANT NAME], for the purpose of dispensing with administration of the estate of [DECEDENT NAME], deceased, state on oath:

1. The decedent [DECEDENT NAME], aged [DECEDENT AGE], who resided at [DECEDENT ADDRESS] in [COUNTY OF RESIDENCE] County, Arkansas, died at [HH:MM] on or about [MM/DD/YYYY]. No petition for the appointment of a personal representative for the decedent's estate is pending or has been granted.

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

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 surviving spouse or minor children, if any, of the decedent, does not exceed one hundred thousand dollars ($100,000).

4. There are no unpaid claims or demands against the decedent or the decedent's estate, and the Department of Human Services furnished no federal or state benefits to the decedent (or, that if such benefits have been furnished, the Department of Human Services has been reimbursed in accordance with state and federal laws and regulations).

5. An itemized description and valuation of the decedent's personal property; a legal description and valuation of the decedent's real property, including homestead, if any; and the names and addresses of persons having possession thereof or residing on any of the decedent's real **property, are:**

|  |  |  |
| --- | --- | --- |
| **Description of Property and Extend of Details of Encumbrances, if any** | **Valuation Less Encumbrances** | **In Possession of (Names and Addresses):** |
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6. 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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Relationship** | **Residence Address** |
|  |  |  |  |
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THEREFORE, the distributee(s) of this estate shall be entitled to distribution of the property identified above, without the necessity of an order of the court or other proceeding, upon furnishing a copy of this Affidavit, certified by the clerk, to any person owing any money, having custody of any property, or acting as registrar or transfer agent of any evidence of interest, indebtedness, property or right of the decedent.

Date: [MM/DD/YYYY]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Affiant (1) Signature) (Affiant (2) Signature) (Affiant (3) Signature)

[AFFIANT NAME] [AFFIANT NAME] [AFFIANT NAME]
(Affiant (1) Printed Name) (Affiant (2) Printed Name) (Affiant (3) Printed Name)

[AFFIANT ADDRESS] [AFFIANT ADDRESS] [AFFIANT ADDRESS]
(Affiant (1) Address) (Affiant (2) Address) (Affiant (3) Address)

[AFFIANT PHONE NUMBER] [AFFIANT PHONE NUMBER] [AFFIANT PHONE NUMBER]
(Affiant (1) Phone Number) (Affiant (2) Phone Number) (Affiant (3) Phone Number)

[AFFIANT EMAIL] [AFFIANT EMAIL] [AFFIANT EMAIL]
(Affiant (1) Email Address) (Affiant (1) Email Address) (Affiant (1) Email Address)

State of Arkansas
County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

(SEAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF CLERK**

The undersigned Clerk of the Probate Court of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County, Arkansas, certifies that this is a true copy of an affidavit filed in this court on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy), that the affidavit remains on file and that no petition for the appointment of a personal representative of this estate has been filed in this court.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Clerk.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Deputy Clerk.

(SEAL)

**Reporter's Notes to Form 23:** *See* Ark. Code Ann. § 28-41-101. The language in parentheses in Paragraph 4 should be substituted for the language immediately preceding it if the Department of Human Services furnished benefits to the decedent. An affidavit by the distributee is required by Ark. Code Ann. § 28-41-101(a)(4). If an estate collected pursuant to this affidavit contains real property, the distributee, to allow for presentation of claims against the estate, may publish a notice promptly after the affidavit has been filed. Ark. Code Ann. § 28-41-101(b)(2). **Note (2019):** The form was revised to provide for contact information.