# IOWA AFFIDAVIT FOR DISTRIBUTION OF PROPERTY

	I certify that all the following statements are true regarding the Estate of (Decedent Name):				
1.	Decedent, died on State of Iowa.	, with a (mm/dd/yyyy) in t	a Social Security he County of	Number (SSN	l) of, in the
2.	A copy of the decedent	's death certificate will be	e submitted alon	g with this affid	avit.
3.	My name is				
4.	I reside at				
5.	The value of the assets of the decedent's estate exceeds the estate's known liabilities.				
6.	The value of the decedent's estate does not exceed the monetary limit imposed by the State of lowa and there is no real property or the real property passes to persons exempt from inheritance tax as joint tenants with full rights of survivorship.				
7.	Any debts owed to the Iowa Department of Human Services, taxes due to the Iowa Department of Revenue, and debts owed to creditors have been paid or have been provided for below in accordance with § 633.356 of the Iowa Probate Code.				
8.	If applicable, the attached copy of the decedent's will is the last will of the decedent and has been delivered to the office of a clerk of the district court in accordance with lowa law.				
9.	I am either an heir of the decedent, and the decedent left no will, or I am a named devisee of the decedent in the decedent's will.				
10.	At least forty (40) days	have passed since the d	ecedent's death.		
11.	There is no pending ad	ministration of the deced	ent's estate.		
12.	There is no reasonable	expectation that probate	e of the decedent	t's estate is so	on to commence.
13.	All successors of the de	ecedent are listed below:			
	Successor Name	Address	Tax ID#	Relation	Phone #

(If more Successors, continue in ATTACHMENT A)



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□ I he following succe     □	essors are under a l	egal dı	sability (leave blank if not applicable):
			property or personal property, whether e value of such assets are listed below:
Asset	Value (\$)	Ac	Iditional Information
	(If more Assets	s, conti	nue in <b>ATTACHMENT B</b> )
	s of the decedent's e	estate,	and what the estate owes each creditor, are
isted below:			
Liability / Debt	Amount Owe	d (\$)	Creditor Information
	Amount Owe	d (\$)	Creditor Information
	Amount Owe	d (\$)	Creditor Information
	Amount Owe	d (\$)	Creditor Information
	Amount Owe	d (\$)	Creditor Information
	Amount Owe	d (\$)	Creditor Information
	Amount Owe	d (\$)	Creditor Information
	Amount Owe	d (\$)	Creditor Information

(If more Liabilities/Debts, continue in ATTACHMENT C)

**19.** The following successors are entitled to the following property:

Successor	Property

(If more Successors, continue in ATTACHMENT D)

20.	The affiant requests that the described property be paid, delivered, or transferred to or for the benefit of each successor, and that any creditors be paid to the extent of funds received pursuant to this affidavit.				
21.	This document is governed under the laws of the State of Iowa.				
22.	<u> </u>				
(Signature of the Affiant, the person preparing this affidavit)					
	Signed and sworn to me on (mm/dd/yyyy).				
	NOTARY ACKNOWLEDGMENT				
State of County of					
	I, the undersigned authority in and for said County in said State, hereby certify that, whose name is signed as the Affiant in this small estate affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on the day the same bears date. Given under my hand on (mm/dd/yyyy).				
	Notary Public Signature:				
	Printed Name: My commission expires:				
	(Notary Seal)				

**eSign** 

## **ATTACHMENT A**

(Continued from Section 11)

Successor Name	Address	Tax ID#	Relation	Phone #

## **ATTACHMENT B**

(Continued from Section 13)

Asset	Value (\$)	Additional Information

## **ATTACHMENT C**

(Continued from Section 14)

Liability / Debt	Amount Owed (\$)	Creditor Information

## **ATTACHMENT D**

(Continued from Section 15)

Successor	Property