## AN AFFIDAVIT TO JESSE WHITE, THE SECRETARY OF THE STATE OF ILLINOIS, PURSUANT TO 755 ILCS 5/ART. XXV OF THE PROBATE ACT, ILLINOIS COMPILED STATUTES, AS AMENDED BY PUBLIC ACT 98-0836 (EFF. 1-1-15).

STATE OF ILLINOIS

COUNTY OF \_\_\_\_\_

## SMALL ESTATE AFFIDAVIT

l,				(name of affiant), on oath state:		
1.	(a) My post office address is:					
				; and		
	(c) I understand that if I am an out-of-state resident I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service of process in Illinois is:					
NAN	ME:		ADDRES	S:		
				E:		
l ur effe (Juc	nderstand that if no person is na ctuated, the Clerk of the Circuit dicial Circuit) Illinois is recognized	imed above as my a Court of d by Illinois law as n	agent for service or, i ny agent for service o	f for any reason, service on the named person cannot be (County) f process.		
2.	The decedent's name is					
3.			and I have attached a copy of the death certificate hereto.			
4.						
5.	<ol> <li>No letters of office are now outstanding on the decedent's estate, and no petition for letters is contemplated or pending in Illin any other jurisdiction, to my knowledge.</li> </ol>					
6. The gross value of the decedent's entire personal estate, including the value of all property passing to any party e under a will, does not exceed \$100,000 in value and consists of the following (list each asset and its fair market v						
Inc	cluding vehicle(s) described below: Make of Vehicle	Body Type	Year Model	Vehicle Identification Number		
	Make of Vehicle	Body Type	Year Model	Vehicle Identification Number		
La	st licensed in the State of Illinois in	(Year)	License Plate Number(	5)		
7.	Mark (X) either (a) or (b): (a) All the decedent's funeral expenses and other debts have been paid, or (b) All the decedent's know unpaid debts are listed and classified as follows: <b>Class 1:</b> Funeral and burial expenses, which include reasonable amounts paid for a burial space, crypt, or niche; a marker on the burial space; and care of the burial space, crypt, or niche; expenses of administration; and statutory custodial claims:					
	Name					
	Post Office Address		Amount \$			
	Class 2: Surviving spouse's award or child's award, if applicable: Name					
			Amount \$			
	Class 3: Debts due the United a Name					
	Post Office Address			Amount \$		

Class 4: Money due employees of the decedent of not more than \$800 for each claimant for services rendered within four (4) months prior to the decedent's death and expenses attending the last illness:

	or held in trust by the decedent t	bet connet be identified or trac				
	Class 5: Money and property received or held in trust by the decedent that cannot be identified or traced:					
Name						
ce Address		Amount \$				
Class 6: Debts due the State of Illinois and any county, township, city, town, village, or school district located within Illinois: Name						
		_Amount \$				
Class 7: All other claims: Name						
7.5 I understand that all valid claims against the decedent's estate described in paragraph 7 must be paid by me from the dec before any distribution is made to any heir or legatee. I further understand that the decedent's estate should pay all claims in forth above, and if the decedent's estate is insufficient to pay the claims in any one class, the claims in that class shall be paid						
There is no known unpaid claimant or contested claim against the decedent except as stated in paragraph 7.						
(a) The names and places of residence of any surviving spouse, minor children and adult dependent* children of the decedent are as follows:						
nd Relationship	Place of Residence		Age of Minor Child			
0,000, plus \$10,000 multiplied by the time of the decedent's dea ath, so indicate in 9(a)}. here is no surviving spouse, th	y the number of minor children a ath. If any such child did not e award allowable to the mino (\$20,000, plus \$10,0	and adult dependent children w reside with the surviving sp r children and adult depende	who resided with the surviving spous bouse at the time of the decedent ent children of a decedent who wa f minor children and adult depender			
<ul> <li>Mark (X) either 10(a) or 10(b):</li> <li>(a) The decedent left no will. The names, places of residence and relationships of the decedent's heirs, and the portion of the estat to which each heir is entitled under the law where decedent died intestate are as follows:</li> </ul>						
Relationship and Place of Res	sidence	Age of Minor	Portion of Estate			
attached. To the best of my k and the attesting witnesses a	nowledge and belief the will on the will on the second sec	on file is the decedent's last wo be admittable to probate. The	ill and was signed by the deceder names and places of residence of			
Polotionship and Place of Posi	dence	Age of Minor	Portion of Estate			
at an the	tached. To the best of my k id the attesting witnesses a e legatees and the portion	tached. To the best of my knowledge and belief the will o d the attesting witnesses as required by law and would b	ne decedent left a will, which has been filed with the clerk of an appropriate court. A tached. To the best of my knowledge and belief the will on file is the decedent's last wild the attesting witnesses as required by law and would be admittable to probate. The e legatees and the portion of the estate, if any, to which each legatee is entitled are a ationship and Place of Residence Age of Minor			

(c) Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

10.5 I understand that the decedent's estate must be distributed first to satisfy claims against the decedent's estate as set forth in paragraph 7.5 of this affidavit before any distribution is made to any heir or legatee. By signing this affidavit, I agree to indemnify and hold harmless all creditors of the decedent's estate, the decedent's heirs and legatees, and other persons, corporations, or financial institutions relying upon this affidavit who incur any loss because of reliance on this affidavit, up to the amount lost because of any act or omission by me. I further understand that any person, corporation, or financial institution recovering under this indemnification provision shall be entitled to reasonable attorney's fees and the expenses of recovery.

this affidavit is made to induce Jesse White, Secretary of State of Illinois, to issue a Certificate of Title to the vehicle to the assignee.

The foregoing statement is made under the penalties of perjury. (Note: A fraudulent statement made under the penalties of perjury is perjury, as defined In Section 32-2 of the Criminal Code of 2012.)

Date

Signature of Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_

Notary Public

(SEAL)