

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

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Case No. \_\_\_\_\_

STATE OF OREGON

County of \_\_\_\_\_

**AFFIDAVIT OF CLAIMING SUCCESSOR  
(SMALL ESTATE AFFIDAVIT)**

[Chapter 595, Sections 13 and 22, Oregon Laws 2011; ORS 114.515]

In the Matter of the Small Estate of \_\_\_\_\_, Deceased.

I swear that the following statements are true:

**I. The Affiant.** My name is \_\_\_\_\_ with a mailing address of \_\_\_\_\_, City of \_\_\_\_\_, State of \_\_\_\_\_.

I have the 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; **or**
  - Authorization from the Division of State Lands is not required because the decedent dies testate or left heirs.

**II. The Decedent.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home or Mailing Address: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

**A certified copy of the confidential death record is concurrently filed herewith and is sealed in the court's record.**



**III. The Decedent's Estate.** The following property is in the decedent's estate:

Real Property  
**[attach a legal description]**

Fair Market Value  
**[maximum total value \$200,000]**

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Personal Property  
**[PERs accounts, bank accounts, jewelry, etc.]**

Fair Market Value  
**[maximum total value \$75,000]**

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**["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).]**

**IV. Affidavit Should be Filed.** This small estate affidavit should be filed in \_\_\_\_\_ County because **[check at least one that applies]**

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

Thirty (30) or more days have passed since the decedent died.

**V. No Probate Estate Exists.** 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.]**

**VI. Is There a Will? [check the one that applies]**

- The decedent died testate (**did** leave a will). **An original signed will (no copy) is attached.**
- The decedent died intestate (**did not** leave a will).

**VII. The Heirs.** The heirs of the decedent and their addresses are:

<u>Name of the Heir</u>	<u>Relationship to Decedent</u>	<u>Last-Known Address</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VIII. The Devisees.** *[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:

<u>Name of the Devisee</u>	<u>Last-Known Address</u>
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**IX. Notice to Heirs and Devisees.** I promise to give each heir and devisee, if any, (1) a copy of this affidavit showing the date of 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 agree to do this within thirty (30) days after this affidavit is filed with the court.

**X. Who Gets What?** The following people are entitled to the following property:

<u>Name of the Heir or Devisee</u>	<u>Property to be Received</u>
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_____	_____
_____	_____
_____	_____

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***[If a will exists, the will governs who gets what. If no will exists, the laws of intestacy apply (see the instructions). If one (1) 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."]***

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

<u>Creditor's Name</u>	<u>Last-Known Address</u>	<u>Type of Claim &amp; Estimate or Amount</u>
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***[If the estate has no creditors, write in "none"]***

**XII. Disputed Creditors.** I, the affiant, dispute the following claims against the estate:

<u>Creditor's Name</u>	<u>Last-Known Address</u>	<u>Type of Claim &amp; Estimate or Amount</u>
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***[If the estate has no creditors making claims the affiant disputes, write in "none"]***

**XIII. Notice to Creditors.** I promise to give each creditor listed parts XI and XII 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 thirty (30) days after this affidavit is filed with the court.

**XIV. Notice to Estate Administration.** Within thirty (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 each of the following:

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

**XV. 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 amounts larger than those listed in this affidavit may be barred unless:
  - 1.) A claim is presented to the affiant within four (4) months of the filing of the affidavit at the address stated in part I 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 (1) or more claims which the affiant disputes, any such claim may be barred unless:
  - 1.) A petition for summary determination is filed within four (4) 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's Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_

Telephone Number \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Notary Public Signature** \_\_\_\_\_

Print Name \_\_\_\_\_

My Commission expires: \_\_\_\_\_