IN THE COUNTY COMMISSION OF	COUNTY, WEST VIRGINIA
RE: THE ESTATE OF	
AFFIDAVIT FOR SN	MALL ESTATE
STATE OF:	
COUNTY OF, To-wit:	
I,	, being a Successor of the Decedent
identified below, being duly sworn, upon oath a	nd under penalty of perjury, do depose
and say to the best of my knowledge and belief	as follows:
4. Management	
1. My name is	
	*
	•
	r
2. The Decedent,, as a resident	, died on
, as a reside	ent of County,
State of West Virginia, with his/her usual residen	ce being
A satisfact David Carried Land	
A certified Death Certificate has been furnished I	
Successor of the Decedent asrelationship).	(state
relationship).	
3. The Decedent died (check one):	
TESTATE (with a Will)	_ (if "yes" complete Paragraph 4) or
	(if "yes" complete Paragraph 5);
In either case, now proceed to Paragraph 6.	
4. If TESTATE:	
At the date of death, the Decedent died with an	original Last Will and Testament of the
Decedent dated	
with codicil(s) thereto dated	() {Check if applies}. The aforesaid

original Last Will and Testament of the decedent, together with any codicil(s), is furnished herewith for recording in this County as permitted by West Virginia §44-1A-2(b).

Under the Last Will and Testament of the Decedent, the following person(s) is/are nominated to be the personal representative(s) of the Estate: a. NAME:_ ADDRESS:____ b. NAME:_____ ADDRESS:____ Pursuant to the provisions of the above referenced Will of the Decedent, the following person(s) is/are the named beneficiaries of the estate of the Decedent: a. NAME: ADDRESS: RELATIONSHIP to Decedent: Share or percentage or particular item(s): b. NAME:____ RELATIONSHIP to Decedent: _____ Share or percentage or particular item(s): c. NAME:____

RELATIONSHIP to Decedent:

	Share or percentage or particular item(s):
l.	NAME:
	ADDRESS:
	DELATIONICHED L. D
	RELATIONSHIP to Decedent:
	Share or percentage or particular item(s):
3	NAME:
	NAME:
	ADDICESS:
	RELATIONSHIP to Decedent:
	Share or percentage or particular item(s):
	NAME:
	ADDRESS:
	RELATIONSHIP to Decedent:
	Share or percentage or particular item(s):
	NAME:
	ADDRESS:
	RELATIONSHIP to Decedent:
	Share or percentage or particular item(s):

5. If INTESTATE

At the date of death, the Decedent died intestate with no known Will. The Decedent lest as his/her heirs-at-law and distributes in accordance with the laws of intestate descent and distribution of the State of West Virginia, the following persons:

a.	NAME:
	ADDRESS:
	RELATIONSHIP to Decedent:
	Share or percentage:
b.	NAME:
	ADDRESS:
	RELATIONSHIP to Decedent:
	Share or percentage:
c.	NAME:
	ADDRESS:
	RELATIONSHIP to Decedent:
	Share or percentage:
d.	NAME:
	ADDRESS:
	RELATIONSHIP to Decedent:
	Share or percentage:
e.	NAME:
	ADDRESS:
	RELATIONSHIP to Decedent:
	Share or percentage:

	f. NAME:	
	ADDRESS:	
	RELATIONSHIP to Decedent:	-
	Share or percentage:	
	g. NAME:	
	ADDRESS:	
	RELATIONSHIP to Decedent:Share or percentage:	·
	6. The Decedent's entire personal probate estate,	as of the date of the Decedent's
death,	n, wherever located, consists only of small assets	and the aggregate fair market
	of the small assets does not exceed \$50,000. The sbed and itemized as follows:	mall assets of the Decedent are
uescrit	bed and itemized as follows:	
	DESCRIPTION	FAIR
1		MARKET VALUE
2.		
4.		
5.		
9.		
10.		

(IF MORE SPACE IS NEEDED, attach additional pages to affidavit)

7 The Decedent did () / did NOT () (Charles as a which as a line)
7. The Decedent did () / did NOT () {Check one which applies} die seized
and possessed of any probate real estate or interests in probate real property in the
State of West Virginia. If the Decedent died seized and possessed of any probate real
estate or interest in real estate in the State of West Virginia, the aggregate fair market
value of all of the real estate interests in real property situate in the State does not exceed
\$100,000 and the real estate of the Decedent in West Virginia, is as follows:

DESCRIPTION	County	Assessed	Fair
1	e		Market Value
2			
3			
4			
5			
6			4
7			
8			
9			
10			
(TT 1/0 DT 0 D 1 0 T T 0 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T			

(IF MORE SPACE IS NEEDED, attach additional pages to affidavit)

8. () {Check if applies} or () {Check if Not Applicable}. If the affiant is a Successor who was nominated as a personal representative or executor under the provisions of the above Will of the Decedent, at least 30 days have elapsed since the Decedent's date of death and no application for the appointment of a personal representative for the Decedent is pending or has been granted in any jurisdiction.

or

() {Check if applies} or () {Check if Not Applicable}. If the affiant is a Successor who was NOT nominated as a personal representative or executor under the provisions of the above Will of the Decedent or if the Decedent died intestate without a Will, at least 60 days have elapsed since the Decedent's date of death and no application for the appointment of a personal representative for the Decedent is pending or has been

granted in any jurisdiction, and no affidavit of Small Estate has been filed by a Successor nominated as a personal representative or executor under the provisions of the Will of the Decedent.

The state of the s	nfully administer the small assets of the pay or deliver the same to the Successor of
WITNESS my hand and seal this	day of, 20
	Signature of Affiant/Successor
	ore me the undersigned authority by this, 20
My Commission Expires:	Notary Public