

STATE OF WYOMING)
) s.s.
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT
No. _____

In the Matter of the Estate of)
)
)
_____)
)
Decedent.)

AFFIDAVIT OF SMALL ESTATE
DISTRIBUTEES

I/We, _____, upon duly sworn, state on oath, on behalf of myself and all other distributees, that:

1. My mailing address:

Street Address

City, State

Zip Code

My residence address is:

Street Address

City, State

Zip Code

Street Address

City, State

Zip Code

My residence address is:

Street Address

City, State

Zip Code

2. The decedent's full name is:

3. More than thirty (30) days have elapsed since decedent's death . The date of the decedent's death was _____. I have attached a copy of the death certificate hereto.

4. I am a distributee of the decedent estate as defined in Wyoming Statutes 2-1-301(XIII). All distributees of the decedent, including myself, are listed as follows:

Surviving Spouse:

Address: _____

City: _____

State: _____

Zip code: _____

The legal basis upon which the distributee or distributees claim entitlement to decedent's property, including facts regarding any intervening estates or other parties who may have a claim of entitlement from the decedent and from whom the applicant distributee or distributees claim.

Relationship: _____

Name _____

Address: _____

City: _____

State: _____

Zip Code: _____

DOB: (minors only) _____

The legal basis upon which the distributee or distributees claim entitlement to decedent's

property, including facts regarding any intervening estates or other parties who may have a claim of entitlement from the decedent and from whom the applicant distributee or distributees claim.

Relationship: _____
Name _____
Address: _____
City: _____
State: _____
Zip Code: _____
DOB: (minors only) _____

The legal basis upon which the distributee or distributees claim entitlement to decedent's property, including facts regarding any intervening estates or other parties who may have a claim of entitlement from the decedent and from whom the applicant distributee or distributees claim.

Relationship: _____
Name _____
Address: _____
City: _____
State: _____
Zip Code: _____
DOB: (minors only) _____

The legal basis upon which the distributee or distributees claim entitlement to decedent's property, including facts regarding any intervening estates or other parties who may have a claim of entitlement from the

decedent and from whom
the applicant distributee or
distributees claim.

Relationship: _____
Name _____
Address: _____
City: _____
State: _____
Zip Code: _____
DOB: (minors only) _____

The legal basis upon which
the distributee or
distributees claim
entitlement to decedent's
property, including facts
regarding any intervening
estates or other parties
who may have a claim of
entitlement from the
decedent and from whom
the applicant distributee or
distributees claim.

Relationship: _____
Name _____
Address: _____
City: _____
State: _____
Zip Code: _____
DOB: (minors only) _____

The legal basis upon which
the distributee or
distributees claim
entitlement to decedent's
property, including facts
regarding any intervening
estates or other parties
who may have a claim of
entitlement from the
decedent and from whom
the applicant distributee or
distributees claim.

Relationship: _____

Name _____

Address: _____

City: _____

State: _____

Zip Code: _____

DOB: (minors only) _____

The legal basis upon which the distributee or distributees claim entitlement to decedent's property, including facts regarding any intervening estates or other parties who may have a claim of entitlement from the decedent and from whom the applicant distributee or distributees claim.

Relationship: _____

Name _____

Address: _____

City: _____

State: _____

Zip Code: _____

DOB: (minors only) _____

The legal basis upon which the distributee or distributees claim entitlement to decedent's property, including facts regarding any intervening estates or other parties who may have a claim of entitlement from the decedent and from whom the applicant distributee or distributees claim.

5. That the value of the entire estate of the decedent s subject to administration, either testate or intestate, less liens and encumbrances, does not exceed two hundred thousand dollars (\$200,000.00);

6. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

7. The person or persons claiming to be a distributee or distributees are entitled to payment or delivery of the property of the decedent

8. There are no other distributees of the decedent having a right to succeed to the property under probate proceedings in any jurisdiction.

9. An application for appointment of a personal representative has has not been made in a jurisdiction outside of Wyoming:

If application outside of Wyoming has been made:

The name and address of the proposed or appointed personal representative is _____.

The date of the application is _____.

The date of any appointment is _____.

The title of the proceedings and name of the court and jurisdiction in which the application was made is _____.

10. A full description of any real property, including any mineral interests, being claimed is as follows: _____ (a sworn report of value, which may be based upon a broker's price opinion as defined by W.S. 33-28-102(b)(lxii), made by a person who has no legal interest in the estate, showing the value on the date of the decedent's death of all interests owned by the decedent in real property located in Wyoming, including mineral interests is attached.)

Under penalties of perjury, I/We declare that I/We have read the foregoing and the facts alleged are true, to the best of my/our knowledge and belief.

Date: _____ Signature of Distributee: _____

Print Name of Distributee: _____

Date: _____ Signature of Distributee: _____

Print Name of Distributee: _____

Date: _____ Signature of Distributee: _____

Print Name of Distributee: _____

Date: _____ Signature of Distributee: _____

Print Name of Distributee: _____

Date: _____ Signature of Distributee: _____

Print Name of Distributee: _____

Date: _____ Signature of Distributee: _____

Print Name of Distributee: _____

Date: _____ Signature of Distributee: _____

Print Name of Distributee: _____

Date: _____ Signature of Distributee: _____

Print Name of Distributee: _____

Acknowledgement

STATE OF WYOMING

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
 (date) by _____ .

(Seal)

Notary Public

Printed Name

My Commission Expires: _____

STATE OF WYOMING)
) s.s.
COUNTY OF _____)

IN THE DISTRICT COURT
_____ JUDICIAL DISTRICT
No. _____

In the Matter of the Estate of)
)
_____)
)
Decedent.)

AFFIDAVIT OF SMALL ESTATE
CREDITOR

I, _____,
upon duly sworn, state on my oath, [on behalf of myself and all other distributees, that:

1. My business/ mailing address:

Street Address

City, State

Zip Code

My residence address is:

Street Address

City, State

Zip Code

2. The decedent's full name is:

3. More than thirty (30) days have elapsed since decedent's death . The date of the decedent's death was _____. I have attached a copy of the death certificate hereto.

4. I am a creditor of the decedent owed a debt at the time of death or which would be owed if the estate was being administered upon.

OR

I file this affidavit in my capacity as _____, and on behalf of _____, a creditor of the decedent owed a debt at the time of their death or which would be owed if the estate was being administered upon.

5. That the value of the entire estate of the decedent, wherever located, less liens and encumbrances, does not exceed Two-Hundred Fifty Thousand Dollars (\$200,000.00).

6. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

7. To the best of my knowledge, no affidavit pursuant to W.S. 2-1-201, in connection with the decedent, has been presented to any party referred to in W.S. 2-1-201.

8. The claim is based upon: _____
The amount claimed is: _____
Total Payments to date: _____

9. I, or the party that I represent, fully and freely:
- (A) Waive any immunities from suit or levy of execution I/We might otherwise have;
 - (B) Agree to indemnify and hold harmless from all claims whatsoever any party delivering assets on the basis of such affidavit, to the extent of the full value of the assets so delivered; and
 - (C) Is answerable and accountable to a personal representative of the estate, if appointed, or to any other person or party having a superior right.

Under penalties of perjury, I/We declare that I/We have read the foregoing and the facts alleged are true, to the best of my/our knowledge and belief.

Date: _____ Signature of Affiant: _____

Print Name of Affiant: _____

Street Address

City, State

Zip Code

(Area Code) Telephone No.

Relationship to Decedent

Individual Acknowledgement

STATE OF WYOMING

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(date) by _____ .

(Seal)

Notary Public

Printed Name

My Commission Expires: _____

Corporate Acknowledgement

STATE OF WYOMING

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____
(date) by _____ , as _____
of _____ .

(Seal)

Notary Public

Printed Name

My Commission Expires: _____