

**SMALL ESTATE AFFIDAVIT
QUESTIONNAIRE**



901 N.E. Loop 410 - Suite 800

San Antonio, Texas 78209

Tel: (210) 832-8064

Fax: (210) 598-7227

1. Info about the Client/Applicant

- a. Name: _____
- b. Address: _____
- c. Telephone number: _____
- d. Email address: _____

2. Name of Decedent: _____

3. Please provide an original death certificate for the Decedent.

4. Has more than 30 days elapsed since the Decedent's death? Y / N

5. Did the Decedent die having left a Will? Y / N

6. Decedent was a resident of the State of _____ and domiciled in _____ County.

7. Did the Decedent apply for or receive Medicaid benefits on or after March 1, 2005?

Y / N / Unknown

8. If the answer to question # 5 above is "Y," has the Medicaid Estate Recover Program provided a certificate stating there is no claim pending against the Estate? Y / N

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11. Family History—Marriage.

- a. Was Decedent married at time of death? Y /N
- b. If married, spouse’s name is _____ and date of marriage was _____.

12. Family History—Children.

- a. Did the Decedent have no children by birth or adoption and take no children into Decedent’s home to raise as Decedent’s own? Y /N
- b. If Decedent had children, please identify them below.

Child’s Name	Birthdate, if known	Name of Child’s Other Parent

- c. Were all of the Decedent’s children alive at time of Decedent’s death? Y / N
- d. If a child died before the Decedent, please provide the information below.

Deceased Child’s Name	Date of Death	Name of All Children of the Deceased Child

Skip question # 13 if the Decedent was survived by any children, grandchildren or great-grandchildren.

13. Family History—Parents.

- a. Did the Decedent’s parents both die before the Decedent? Y / N
- b. If the answer above is “N,” please provide the info below, as applicable.

- i. The name of the one parent who died before the Decedent is

_____ and date of death was _____.

OR

- ii. The names of both parents who survived the Decedent are

*** Remainder of page intentionally blank ***

Skip question # 14 if the Decedent was survived by any children, grandchildren or great-grandchildren or both parents.

14. Family History—Sisters and Brothers.

Name of Brother/Sister	State whether full or half-sibling	Birth Date

Skip question # 15 if the all of the Decedent's brothers and sisters survived the Decedent.

15. Family History—Sisters and Brothers.

Name of Deceased Brother/Sister	Names and Birth Date of All Children of Deceased Brother/Sister (nieces and nephews of Decedent) who were alive on date of Decedent's Death

PLEASE DO NOT ANSWER QUESTION #14 AT THIS TIME.

THE ATTORNEY MUST FIRST DETERMINE THE DISTRIBUTEES (I.E. PERSONS WHO WILL SHARE IN THE ESTATE) EACH DISTRIBUTEES SHARE IS BASED ON THE DECEDENT'S MARITAL AND FAMILY HISTORY. THE ATTORNEY WILL THEN ASK YOU FOR THE ADDRESS, TELEPHONE NUMBER AND EMAIL OF EACH DISTRIBUTEES.

16. Distributee information.

For Each Distributee: 1. Name 2. Address 3. Telephone # 4. Email	Share of Separate Personal Property	Share of Separate Real Property	Share of Decedent's Community Property (if Decedent was married at time of death)

<p style="text-align: center;">For Each Distributee:</p> <ol style="list-style-type: none"> 1. Name 2. Address 3. Telephone # 4. Email 	<p style="text-align: center;">Share of Separate Personal Property</p>	<p style="text-align: center;">Share of Separate Real Property</p>	<p style="text-align: center;">Share of Decedent's Community Property (if Decedent was married at time of death)</p>

17. Disinterested Witnesses.

A “Disinterested Witness” is a person who is not related to the Decedent under the laws of descent and distribution for the State of Texas; who has personal knowledge of the marital and family history and listing of assets and debts/liabilities; and, is willing to swear to such knowledge.

- a. Disinterested Witness #1:
 - i. Name _____
 - ii. Address _____
 - iii. Telephone number _____

- b. Disinterested Witness #2:
 - i. Name _____
 - ii. Address _____
 - iii. Telephone number _____

NOTE: EACH DISTRIBUTE AND DISINTERESTED WITNESS MUST SIGN THE SMALL ESTATE AFFIDAVIT BEFORE A NOTARY PUBLIC. BEXAR COUNTY REQUIRES THAT THE FOLLOWING STATEMENT APPEAR BEFORE EACH DISTRIBUTE/WITNESS’ SIGNATURE.

“I understand that Estates Code § 205.007(c) provides that “[e]ach person who execute[s] [this] affidavit is liable for any damages or loss to any person that arises from payment, delivery, transfer, or issuance made in reliance on the affidavit.””

18. Please write below any questions that you wish to remember to ask the attorney.

Thank you!