

SMALL ESTATE AFFIDAVIT

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For Transfer of Property When a Person has Died

FORMS and INSTRUCTIONS

SELF-SERVICE CENTER

SMALL ESTATE AFFIDAVIT(S) FOR TRANSFER
(A.R.S. § 14-3971)

FOR TRANSFER OF PROPERTY WHEN PERSON HAS DIED

You may use the forms and instructions in this packet if . . .

- ✓ **The value of all of the *personal property*** (cash, bank accounts, stocks and bonds, cars, jewelry, money owed to the person who died, etc.) in the estate of the person who died (the “deceased”), wherever that property is located, less liens and encumbrances, **does not exceed \$75,000, and at least 30 days have passed since the death, and/or**
- ✓ **The assessed value of the *real property*** (land and permanent structures on the land) in the deceased’s estate located in Arizona, less liens and encumbrances as of the date of the deceased’s death, **does not exceed \$100,000, and at least 6 months have passed since the death, and/or**
- ✓ **You are the surviving spouse, and you want to collect up to \$5000 in wages owed to the deceased, and/or**
- ✓ **You are entitled to the real property and/or personal property, and have the legal right (“legal standing”) to submit an affidavit claiming the property because:**
 - **You are named in a will** to receive the property and you can prove it; **OR**
 - **The person who died *did not* have a will, but you are related to the decedent as:**
 1. **Surviving Spouse, or**
 2. **Child** , *if there is no surviving spouse – or there is, but he or she is not your parent and your parent, the decedent, had separate or community property, or*
 3. **Parent**, *if there is no surviving spouse or child, or*
 4. **Brother or Sister**, *if there is no surviving spouse or child or parent, AND*
 - **If there are people with equal or greater right than you to the property, they have all assigned their entire interests in the estate to you**, which is proven by the copy of the documents they signed to this effect that you can attach to the affidavit.

READ ME: Consulting a lawyer before filing documents with the court may help prevent unexpected results. A list of lawyers you may hire to advise you on handling your own case or to perform specific tasks, as well as a list of court-approved mediators can be found on the Self-Service Center website.

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
Lawyer's Bar Number: _____
Licensed Fiduciary Number: _____

For Clerk's Use Only

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

AFFIDAVIT FOR COLLECTION OF ALL PERSONAL PROPERTY

STATE OF ARIZONA)
GILA COUNTY)

By signing this affidavit, I swear or affirm under penalty of perjury that its contents are true and correct.

1. INFORMATION ABOUT THE DECEASED (THE PERSON WHO DIED):

Name of person who died: _____

Date of death: _____

Place of death: _____

2. 30-DAY REQUIREMENT: More than thirty (30) days have gone by since the person died.

3. RELATIONSHIP: My relationship to the person who died is: (explain) _____

4. VALUE OF PERSONAL PROPERTY. The value of all the personal property in the deceased person's estate, wherever located, minus the amount of liens and encumbrances on the property, is not greater than \$75,000.00.

5. PERSONAL REPRESENTATIVE. To the best of my knowledge, no one has filed an Application or Petition for Appointment of a Personal Representative and no Application or Petition has been granted in any state OR if an application has been granted the personal representative has been discharged or more than one year has elapsed since a closing statement has been filed and the amount does not exceed \$75,000.00.

6. ENTITLEMENT. I am the claiming successor to the personal property and I am entitled to payment or delivery of the property because I am. (Check all boxes that apply.)

- ☐ I am named in the Will of the person who died, a copy of which is attached to this Affidavit.
- ☐ The deceased had no Will, but I am entitled to the property under law because (check ONE)
- ☐ I am the spouse of the person who died;
- ☐ I am a child of the person who died, and there is no surviving spouse, or there is a surviving spouse but he or she is not my parent and the deceased had separate or community property;
- ☐ I am the parent of the person who died, and there is no surviving spouse or child;
- ☐ I am a brother or sister of the person who died, and there is no surviving spouse, child or parent.
- ☐ The person died without a will and I am the sole heir.
- ☐ The person died without a will and the people with equal or greater right than I have to the property have all assigned their entire interests in the estate to me, which is proven by the copy of the documents they signed to this effect that I am attaching to this affidavit.
- ☐ The person died and left a valid Will and the people with equal or greater right than I have to the property have all assigned their entire interests in the estate to me, which is proven by the copy of the documents they signed to this effect that I am attaching to this affidavit.

7. DESCRIPTION OF PROPERTY. The person who died owned the following personal property. (List all property. Attach extra pages if necessary.)

Description	Value	Location, or Who Has Property Now
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

TOTAL VALUE: \$ _____

8. **MONEY OWED:** The person who died was entitled to collect on the following debts from persons located in Arizona. (List all. Attach extra pages if necessary.)

Description	Amount owed	Name of Who Owes the Debt
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

TOTAL AMOUNT OWED: \$ _____

9. This affidavit is made under Arizona Law, Sec. 14-3971(B), Arizona Revised Statutes, for the purpose of making claim to personal property of the person who died.

OATH OR AFFIRMATION

The contents of this document are true and correct under penalty of perjury.

Signature of Person Making Affidavit

Date

Printed Name

Sworn to or Affirmed before me this date: _____ Date

(Seal/My Commission Expires)

Deputy Clerk of Court or Notary Public

Case No. _____

INFORMATION ABOUT THE FIDUCIARY, **the person to serve as guardian, conservator, or personal representative (executor) of the Estate of someone who died.**

NAME: _____		DATE OF BIRTH: _____	
MAILING ADDRESS: _____			
STREET ADDRESS: (if different) _____			
TELEPHONE (Home): _____		SSN: _____	
TELEPHONE (Cellular): _____		EMAIL: _____	
TELEPHONE (Work): _____		CERTIFICATION # _____ (for State-Licensed Fiduciaries ONLY)	
RELATIONSHIP TO THE WARD OR (if an estate matter) THE DECEDENT: _____			
PHYSICAL DESCRIPTION:	RACE:	HEIGHT	WEIGHT:
	EYE COLOR:	HAIR COLOR:	

By signing below, I state to the Court under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Petitioner or Attorney Signature

NOTICE

SUBMIT THIS FORM WITH NEW CASES ONLY.

If there is already a (Gila County) Probate Court case number and you are filing in an existing Superior Court case in Gila County, **DO NOT SUBMIT THIS FORM.**