

WAIVER OF PROBATE AFFIDAVIT

State of \_\_\_\_\_

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

I \_\_\_\_\_, the undersigned, being duly sworn depose, and say that, \_\_\_\_\_ died (in testate) (testate) on or about \_\_\_\_\_ 20\_\_\_\_\_

A resident of \_\_\_\_\_

IF TESTATE A COPY OF THE WILL MUST BE ATTACHED TO THIS FORM

That during the lifetime of the said \_\_\_\_\_ Deceased, \_\_\_he never adopted any child or children and left surviving h\_\_\_ only next of kin and heirs at law the following:

NAME	ADDRESS	RELATIONSHIP	AGE
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That the Federal Income Tax, Federal Estate Tax, State Inheritance Tax, State Personal Property Tax that may have accrued against decedent or h\_\_\_ estate, as well as any and all debts, claims, liens, liabilities, including the expense of the last illness, funeral bills, doctor bills, and hospital bills have been paid in full and/or discharged and that there are no known claims against the estate: EXCEPT THOSE NOTED ON THE REVERSE SIDE HEREOF.

That the decedent was at no time a recipient of State Old Age assistance other than Federal Social Security:

That decedent, at the time of h\_\_\_ death was the legal holder and owner of the following described property:

That the Estate of \_\_\_\_\_ (will) (will not) be probated and that the heirs of said estate have requested transfer of the above-mentioned property to \_\_\_\_\_

This affidavit is made for the purpose of inducing the \_\_\_\_\_ To execute an in lieu of probate bond or indemnity bond in favor of \_\_\_\_\_ In the amount of \$ \_\_\_\_\_ to cover this transfer.

Subscribed and sworn to before me, a Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

My Commission Expires \_\_\_\_\_