

SMALL ESTATE AFFIDAVIT  
Collection of Personal Property  
Hawaii Revised Statutes Section 560:3-1201

State of Hawaii  
County of \_\_\_\_\_

I, \_\_\_\_\_, upon duly sworn, state on my oath that:

1. My post office address is:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

2. My residence address is:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

3. I am a successor to the decedent identified below as defined in H.R.S. 560:1-201. All successors, including myself, of the decedent are listed as follows:

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_  
Share of Estate: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

DOB: (minors only) \_\_\_\_\_  
Share of Estate: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_  
Share of Estate: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_  
Share of Estate: \_\_\_\_\_

1. The decedent's name is: \_\_\_\_\_.
2. The date of the decedent's death was \_\_\_\_\_, and I have attached a copy of the death certificate hereto.
3. That the gross value of the decedent's estate in does not exceed one-hundred thousand Dollars (\$100,000.00).
4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

THE FOREGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY.

\_\_\_\_\_  
Signature of Affiant

STATE OF HAWAII

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me personally appeared \_\_\_\_\_, to me known to be the person (or persons) described in and who executed the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Print Name

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

**Disclaimer**

This form is provided without any warranty, express or implied, as to its legal effect and completeness. Please use at your own risk. If you have a serious legal problem, we suggest that you consult an attorney.

Form #0002006