## SMALL ESTATE AFFIDAVIT

Idaho Statutes, Title 15, Ch. 3, Part 12, §15-3-1201

Ι,		, on oath state:	
1.	(a)	My post office address is:	
		P.O. Box/Street Address	
		City, State	
	(b)	My residence address is:	
		Street Address	
		County	
		City, State	
2.		decedent's name is	
3. days heret	from th		, said date being thirty (30) evidenced by a copy of the death certificate attached
4.	The o	decedent's place of residence immediately	before his death was:
		Street Address	
		County	
		City, State	
5.		pplication or petition for the appointment nistration is pending or has been granted	of a personal representative or for summary n any jurisdiction, to my knowledge.
6.		fair market value of the decedent's entire eand encumbrances, does not exceed \$25,0	state, which is subject to probate, wherever located, less 00.
7.	Asset	ts of the estate and their estimated values:	

ASSET DESCRIPTION	COMPLETE ASSET ADDRESS	DOLLAR VALUE
	MADE UNDER THE PENALTIES OF PE	
	(Signature of A	affiant)
	(Print Name)	
STATE OF IDAHO		
COUNTY OF	_	
	, in the year of, a Notary Public, personally appeared, known or identified to me (or proved), to be the person whose name is subsey executed the same.	d to me on the oath of
(Seal)		
	Notary Public	
	Printed Name	
Commission Expires:		
This form is provided without any warranty, you have a serious legal problem, we sugg	Disclaimer , express or implied, as to its legal effect and cor est that you consult an attorney.	mpleteness. Please use at your own risk. If

Form #0002007