IN THE COUNTY COMMISSION OF _____ COUNTY, WEST VIRGINIA

IN RE: THE ESTATE OF _____
DOD: _____

AFFIDAVIT FOR SMALL ESTATE
(Decedent dying after July 8, 2025)

STATE OF _____,

COUNTY OF _____, to-wit:

I, _____, being a Successor of the Decedent identified below, being first duly sworn, upon oath and under penalty of perjury, do depose and say to the best of my knowledge and belief as follows:

1. My name is _____, and my current address is _____
_____.

2. The Decedent, _____, died on _____ (date of death), a resident of _____ County, State of West Virginia, with his/her usual residence being _____
_____.
A certified death certificate has been furnished herewith for filing in this County. I am a Successor of the decedent as _____ (state relationship).

3. **TESTACY (___) [Check if applies] or (___) [Check if Not Applicable]** At the date of death, the Decedent died with an ORIGINAL Last Will and Testament of the Decedent dated _____, without any codicil thereto (___) or with codicil(s) thereto dated _____ (___) [Check if applies]. The aforesaid ORIGINAL Last Will and Testament of the decedent, together with any codicil(s), is furnished herewith for recording in this County as permitted by West Virginia Code § 44-1A-2(b).

Under the Last Will and Testament of the Decedent, the following person(s) is/are nominated to be the personal representative(s) of the Estate:

a. Name:_____
Address: _____
_____

b. Name:_____
Address: _____

Pursuant to the provisions of the above referenced Will of the Decedent, the following persons are the named beneficiaries of the estate of the Decedent:

a. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

b. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

c. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

d. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

e. Name: _____
Address: _____
_____
Relationship to Decedent: _____
Share or percentage or particular item: _____

(If more space is needed, attach additional page(s) to affidavit)

4. **INTESTACY ( ) [Check if applies] or ( ) [Check If Not Applicable]** At the date of death, the Decedent died intestate with no known will. The Decedent left as his/her heirs at law and distributees in accordance with the laws of intestate descent and distribution of the State of West Virginia the following persons:

a. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

b. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

c. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

d. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

e. Name: _____
Address: _____
Relationship to Decedent: _____
Share or percentage: _____

(If more space is needed, attach additional page(s) to affidavit)

5. The Decedent's entire personal probate estate, as of the date of the Decedent's death, wherever located, consists only of Small Assets and the aggregate fair market value of the Small Assets **does not exceed $50,000**. The Small Assets of the Decedent are described and itemized as follows:

	Description	Fair Market value
a.		
b.		
c.		
d.		

e.		
f.		
	Total	

(If more space is needed, attach additional page(s) to affidavit)

6. The Decedent **did not** ( ) **[Must be Checked]** die seized and possessed of any probate real estate or interests in probate real estate in the State of West Virginia.

7. ( ) **[Check if applies]** or ( ) **[Check if Not Applicable]** If the affiant is a Successor who was nominated as a personal representative or executor under the provisions of the above Will of the Decedent, at least 30 days have elapsed since the Decedent's date of death and no application for the appointment of a personal representative for the Decedent is pending or has been granted in any jurisdiction;

or

( ) **[Check if applies]** or ( ) **[Check if Not Applicable]** If the affiant is a Successor who was NOT nominated as a personal representative or executor under the provisions of the above Will of the Decedent or if the Decedent died intestate without a will, at least 60 days have elapsed since the Decedent's date of death and no application for the appointment of a personal representative for the Decedent is pending or has been granted in any jurisdiction, and no affidavit of Small Estate has been filed by a Successor nominated as a personal representative or executor under the provisions of the Will of the Decedent.

8. The undersigned Affiant will faithfully administer the Small Assets of the Decedent in accordance with the law and pay or deliver the same to the Successor or Successors so entitled, after paying any known or ascertainable creditors of the decedent.

Witness my hand and seal this ____ day of _____, 20___.

_____
Signature of Affiant/Successor

Taken, subscribed, and sworn to before me the undersigned authority by _____, this ____ day of _____, 20___.

{seal}

My Commission expires: _____

_____
Notary Public