

Form 23.

[Caption]

AFFIDAVIT FOR COLLECTION OF SMALL ESTATE

BY DISTRIBUTEE

_____, _____ and _____, for the purpose of dispensing with administration of this estate, deceased, state on oath:

1. The decedent _____, aged ____, who resided at _____ in _____ County, Arkansas, died at _____ on or about [date]. No petition for the appointment of a personal representative for the decedent's estate is pending or has been granted.

2. More than forty-five (45) days have elapsed since decedent's death.

3. The value, less encumbrances, of all property owned by the decedent at the time of death, excluding the homestead of and statutory allowances for the benefit of the surviving spouse or minor children, if any, of the decedent, does not exceed one hundred thousand dollars (\$100,000).

4. There are no unpaid claims or demands against the decedent or the decedent's estate, and the Department of Human Services furnished no federal or state benefits to the decedent (or, that if such benefits have been furnished, the Department of Human Services has been reimbursed in accordance with state and federal laws and regulations).

5. An itemized description and valuation of the decedent's personal property; a legal description and valuation of the decedent's real property, including homestead, if any; and the names and addresses of persons having possession thereof or residing on any of the decedent's real property, are:

Description of Property, and Extent and Details of Encumbrances, if Any	Valuation Less Encumbrances	In Possession of
_____	_____	_____
_____	_____	_____

6. The names, ages, relationships to the decedent and residence addresses of the persons entitled to receive the property of the decedent as surviving spouse, heirs or devisees of decedent's will are:

Name	Age	Relationship	Residence Address
_____	_____	_____	_____
_____	_____	_____	_____

THEREFORE, the distributee[s] of this estate shall be entitled to distribution of the property identified above, without the necessity of an order of the court or other proceeding, upon furnishing a copy of this Affidavit, certified by the clerk, to any person owing any money, having custody of any property, or acting as registrar or transfer agent of any evidence of interest, indebtedness, property or right of the decedent.

Date: _____, ____.

[Signature] [Affiant]

[Print Name]

[Address]

[Telephone Number]

[Email Address]

[Affidavit]

CERTIFICATE OF CLERK

The undersigned Clerk of the Probate Court of _____
County, Arkansas, certifies that this is a true copy of
an affidavit filed in this court on [date], that the
affidavit remains on file and that no petition for the
appointment of a personal representative of this estate
has been filed in this court.

Date: _____, ____.

_____, Clerk.

By: _____, Deputy Clerk.

(Seal)

Reporter's Notes to Form 23: See Ark. Code Ann. § 28-41-101. The language in parentheses in Paragraph 4 should be substituted for the language immediately preceding it if the Department of Human Services furnished benefits to the decedent. An affidavit by the distributee is required by Ark. Code Ann. § 28-41-101(a)(4). If an estate collected pursuant to this affidavit contains real property, the distributee, to allow for presentation of claims against the estate, may publish a notice promptly

after the affidavit has been filed. Ark. Code Ann. § 28-41-101(b)(2). **Note (2019)**: The form was revised to provide for contact information.