

# Small Estate Affidavit Instructions – Denton County Probate Court

Texas Estates Code Chapter 205 governs probate by Small Estate Affidavit (SEA), a method of transferring probate property under certain limited circumstances. Approval of an SEA is within the Court's discretion.

Before filing an SEA, carefully review both the requirements in [Chapter 205 of the Texas Estates Code](#) as well as the rules for descent and distribution in chapter 201. In order to prepare a complete and accurate SEA the Court can approve, you will need to understand *all* of the rules and requirements. An attorney's assistance in preparing a SEA is recommended.

1. **Use the SEA form on the Denton County Probate Court's website.** The Court requires that applicants use the SEA form that is available on the Court's website or a form in substantial compliance with its contents, effective September 1, 2017. If necessary, include extra pages to provide additional information. The SEA must be completed by persons who have actual knowledge of the stated facts.
2. **Citation.** The Court requires notice be given through service by posting Citation. The County Clerk requires submission of a Citation Request form, found on their web page. (Link to [The County Clerk's Citation Request Form](#)). The SEA will not be approved until the first Monday after the Citation has been posted for ten (10) days.
3. **Cover sheet.** Since 2010, Texas Rule of Civil Procedure 78a has required that a Civil Case Information Sheet, including contact information, be filed with all original applications. This is to be filed at the same time an SEA is first filed. The court will not consider an SEA unless the civil information sheet is on file. Civil Case Information Sheet available on the County Clerk's webpage here: [Civil Case Information Sheet](#)
4. **Death Certificate.** Each Small Estate Affidavit filed must have an **ORIGINAL CERTIFIED CERTIFICATE OF DEATH filed separately, with the FIRST FIVE (6) digits of the deceased's SSN redacted (XXX-XX-X234).**
5. **Cannot be filed within 30 days of Decedent's death.** The SEA must not be filed until 30 days after the Decedent's death.

**County where Decedent resided.** An SEA should be filed in the county where Decedent resided if Decedent had a domicile or fixed place of residence in Texas.

6. **No Will.** By statute, an SEA cannot be used where Decedent left a will. Applicants must swear that the Decedent died without a will.
7. **No Administration.** A, SEA cannot be approved if a petition for the appointment of a personal representative is pending or has been granted or if it appears that an administration is needed.
8. **Assets.**

- **List everything.** The SEA must list *all* of Decedent’s known assets – not just some of them. Assets are any property owned that has monetary value, including personal property, cash or bank accounts, vehicles, household furnishings, and real property.
- **Limited estate.** The SEA must show that the total assets of the estate are \$75,000 or less, not including the homestead (see below) and exempt property.
- **Provide sufficient detail.** Indicate the value of each asset as precisely as possible, describing the property with sufficient detail so that it is clear exactly what property is being transferred by Affidavit. For example, include VIN numbers for cars and include the last four digits of any account numbers.
  
- **If Decedent was married at the date of death you must provide the following information:**
  1. State whether *each* asset was Decedent’s community property or Decedent’s separate property.
  2. For each asset, give the *facts* that explain why the asset was community or separate property.
- **Exempt property.** If you are claiming that an asset is exempt property, allege the exempt status in the “additional information” column on the SEA form.
- **Real property:** must include the legal description and street address of the property.

9. **Liabilities.**

- **List everything.** The SEA must list all of Decedent’s debts and other liabilities, including all credit card balances, doctor’s bills, utility bills, etc. – *anything* owed by Decedent and not paid off. As one of the liabilities, the SEA must list any attorney’s fees paid or to be paid for preparation of the Affidavit.
- **Provide sufficient detail.** Indicate the amount of each liability as precisely as possible, describing the debt or other liability with sufficient detail. Accurately describe the creditor is. Also indicate at least the last four digits of any known account numbers.

10. **Solvent.** The total of the known assets (not including the homestead and exempt property) must exceed the total known liabilities, not including liabilities secured by homestead and exempt property. If they do not, by law the SEA must be denied, (Distributees can pay off enough debts that the assets exceed the remaining liabilities.)

11. **Medicaid.** The SEA must indicate whether the Decedent applied for and/or received Medicaid benefits on or after March 1, 2005. If so, Applicant must either (1) list as a liability the amount owed to Medicaid or (2) file a Medicaid Estate Recovery Program (MERP) certification that Decedent’s estate is not subject to a MERP claim or (3) include additional information proving that a MERP claim will not be filed. For more information, see [MERP Certification Form](#)

12. **Family history.** The SEA must state the *facts* about Decedent’s marital and family history in sufficient detail that it is clear who inherits Decedent’s property and heir’s shares under Texas law. For rules regarding descent and distribution see [Texas Estates Code Chapter 201](#)

13. **Correct inheritance shares.** In “12” of the Court’s approved SEA form, you must list the name, address, phone number, email address, and last four digits distributee’s Social Security Number for every Distributee (heir) of Decedent’s estate, along with the shares of each Distributee. Often applicants do not understand who inherits under Texas law or what share each Distributee inherits. The reference in #12 above may help you fill out the chart in “12” Note the following:

- **If Decedent was married at the date of death,** the SEA must state the shares of each Distributee in all three types of property: separate personal property, separate real property, and Decedent’s share of the community property. (The surviving spouse will retain his or her own share of the community property.) It is not sufficient to say that there was no separate personal property or no separate real property. Failure to provide for a division of Separate Personal and Real Property or putting “NA” in those categories will result in rejection of your SEA. The law requires the SEA to contain the division of the separate property.
- **If decedent was single at the date of death,** there is no community property. Put “NA” in the community property column.

14. **Signed and sworn to by all Distributes.** Each Heir at law who has legal capacity must sign and swear to the Affidavit before a notary. Use as many signature pages as needed.

- **Is there a minor or otherwise incapacitated Distributee?** If warranted by the facts, the natural or legal guardian of any minor Distributee or the legal guardian of any other incapacitated Distributee may sign and swear to the Affidavit on behalf of the minor or otherwise incapacitated Distributee. Letters of Guardianship must be attached, if applicable.
- If there is a minor or incapacitated heir their share must be deposited in to the registry of the Court or they must have a Guardian of their Estate, before the Court will approve the SEA.

15. **Sworn to by two disinterested witnesses:** Two disinterested witnesses must each sign and swear to the Affidavit before a notary *must include printed name and addresses.* **These witnesses must be able to swear to all of the facts included in the SEA, not only the family history facts.** Disinterested witnesses are witnesses who have no interest in Decedent’s estate and who are not related to Decedent under the laws of descent and distribution of the State of Texas.

16. Each person signing the SEA as an affiant must acknowledge their potential liability by including this statement in their attestation **“I understand that Estates Code §205.007(c) provides that each person who executes this affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit.”**

17. **Possible hearing.** The Denton County Probate Court may require a hearing before an SEA will be approved. If a hearing is needed, the Court will contact you to set a hearing.

PR- \_\_\_\_\_ - \_\_\_\_\_

Estate of \_\_\_\_\_, § In The Probate Court  
§  
§ of  
§  
Deceased § Denton County, Texas

### Small Estate Affidavit

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, all of the Distributees of this estate and two disinterested witnesses personally appeared and, on their oath, did swear or affirm to the accuracy of the following facts, pursuant to Chapter 205 of the Texas Estates Code:

1. Decedent, \_\_\_\_\_, died on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at the age of \_\_\_\_\_ in \_\_\_\_\_ County, Texas.
2. More than 30 days have elapsed since Decedent’s death.
3. Decedent was a resident of and domiciled in \_\_\_\_\_ County, Texas, at the following address: \_\_\_\_\_ at the time of Decedent’s death.
4. Decedent died without a will.
5. No administration is pending or has been granted in Decedent’s estate and none appears necessary.
6. The value of the entire assets of the estate of Decedent, not including homestead and exempt property, **does not exceed \$75,000.00.**
7. The value of the entire assets of the estate of Decedent, not including homestead and exempt property, exceeds the known liabilities.
8. Medicaid – must check the appropriate box:
  - The Decedent did not apply for and receive Medicaid benefits on or after March 1, 2005.

**OR**

  - Decedent did apply for and receive Medicaid benefits on or after March 1, 2005, and the Medicaid Estate Recovery Program claim is listed as a liability in section “10” below.

**OR**

  - The Decedent did apply for and receive Medicaid benefits on or after March 1, 2005, but there is no Medicaid claim against the estate. *[If this box is checked, applicant(s) must file a Medicaid Estate Recovery Program (MERP) certification that decedent’s estate is not subject to a MERP claim.]*

9. **All** assets of the Decedent’s estate and their values are listed here include all personal property, financial accounts, and real property.

<b>Asset</b> <i>List with enough detail to identify the asset, including the last three digits of any account number(s).</i>	<b>Value</b>	<b>Additional information</b> <i>If decedent was married, indicate:</i> <ul style="list-style-type: none"> <li>• <i>whether each asset was community or separate property, and</i></li> <li>• <i>facts that explain why the asset was community or separate</i></li> </ul> <i>If exempt property, so indicate.</i> <i>Use additional pages as necessary.</i>

*(Continue list as necessary. If list is continued on another page, please note.)*

10. **All** liabilities of the Decedent’s estate (including attorney fees and funeral debts) and their values are listed here. If none, write “none.”

<b>Creditor</b> <i>List with enough detail to identify the creditor &amp; any account.</i>	<b>Amount of Liability</b>

*(Continue list as necessary. If list is continued on another page, please note.)*

11. The following facts regarding Decedent’s family history show the Distributees’ entitlement to Decedent’s estate to the extent that the assets, exclusive of homestead and exempt property, exceed the liabilities of Decedent’s estate. ***[Put check marks in the appropriate small boxes, and provide additional information as indicated.]***

**Family History #1: Marriage.**

On the date of Decedent’s death, Decedent was a single person.

**OR**

On the date of Decedent’s death, Decedent was married to \_\_\_\_\_.

The date they were married: \_\_\_\_\_.

**Family History #2: Children, part 1.**

- Decedent had no children by birth or adoption, and Decedent did not take any children into Decedent's home to raise as a child. (Skip to Family History #4 if you check this box.)

**OR**

- The following children were born to or adopted by Decedent (list all children, whether or not the child is still alive).

Child's name	Birth date, if known	Name of child's other parent

*(Continue list as necessary. If list is continued on another page, please note.)*

**Family History #3: Children, part 2. Answer if Decedent had any children.**

- All of Decedent's children, natural born or adopted, were alive when Decedent died.

**OR**

- The following of Decedent's children, natural born or adopted, died before the Decedent's death **and were survived by children (or grandchildren or great-grandchildren):**

Name of deceased child (followed by name of deceased child's other parent in parentheses)	Date child died	Names of all children of the deceased child <i>(if any of these children died before Decedent, use a separate page to give date of death, plus names &amp; birth dates of all grandchildren)</i>

*(Continue list as necessary. If list is continued on another page, please note.)*

**AND/OR**

- The following of Decedent's children, natural born or adopted, died before the Decedent's death **and were not survived by any children, grandchildren, or great-grandchildren:**

Name of deceased child	Date child died

*(Continue list as necessary. If list is continued on another page, please note.)*

***If Decedent was survived by any children, grandchildren, or great-grandchildren, you do not need to answer Family History #4 about Parents or Family History #5 about Sisters and Brothers. You may skip to "12" (following Family History#5).***

**Family History #4: Parents.**

The Decedent was survived by both parents, \_\_\_\_\_ (mother) and \_\_\_\_\_ (father).

**OR**

Decedent was survived by only one parent, \_\_\_\_\_.  
Decedent's other parent, \_\_\_\_\_, died on \_\_\_\_\_.

**OR**

Both of Decedent's parents died before Decedent's death.

**Family History #5: Sisters and Brothers.**

*The following information about Decedent's sisters and brothers is not needed if Decedent was survived by both parents or by children, grandchildren, or great-grandchildren.*

The following are all of Decedent's **surviving** brothers and sisters, including half-brothers and half-sisters who were born to *either* of Decedent's parents. If none, write "none."

Name of brother or sister	State whether full or half-sibling	Birth date

*(Continue list as necessary. If list is continued on another page, please note.)*

**AND**

The following of Decedent's brothers and sisters (including half-brothers and half-sisters who were born to *either* of Decedent's parents) **died before Decedent's death**. If none, write "none."

Name of deceased brother or sister	Full or half sibling?	Names of each surviving child of the deceased brother or sister (nephews and nieces of Decedent)	Birth dates of surviving nieces & nephews

*(Continue list as necessary. If list is continued on another page, please note.)*



**Family History #6: Other.**

Fill out a separate page if Decedent was survived by none of the following: *spouse, child, grandchild, parent, brother, sister, half-brother, half-sister, niece, or nephew*. If Decedent was survived by none of the above, list **all** of the surviving relatives of Decedent on a separate page. Specify Decedent's family history with respect to each of the survivors, giving sufficient detail about names, birth dates, death dates, and relationships to explain how each survivor is related to Decedent.

**EVERYONE MUST FILL OUT THE FOLLOWING CHART.** (See #12 of the SEA Instructions.)

12. Based on the family history given in this Affidavit, the following chart lists all of the Decedent's heirs at law, together with their **fractional** interest in Decedent's estate:

For each Distributee, list: 1. Name 2. Address 3. Last three digits of SSN 4. Telephone number 5. Email address	Share of separate personal property  ( <u>always</u> fill out this column)	Share of separate real property  ( <u>always</u> fill out this column)	Share of decedent's community property  (fill out this column if decedent was married)

(Continue list as necessary. If list is continued on another page, please note.)

We, as Distributees of the Decedent and as indicated by our signatures below, do solemnly swear or affirm the following:

- the foregoing Affidavit was completed by persons who have actual knowledge of the stated facts;
- all of the facts stated in the foregoing Affidavit are true and complete; and
- each of us has legal capacity.

We pray this Affidavit be filed in the records of the Denton County Clerk; that the same be approved by the Court; and that the Clerk issue certified copies of this Affidavit and the order approving it as evidence of Distributees' right to inherit the property of Decedent as described above.

**We understand that Estates Code §205.007(c) provides that "each person who executes this affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit."**

**Affidavits and signatures of all Distributee(s).** (Include other pages as necessary, but each signature page for a distributee **must** include all statements set out in italics at the top of this page.)

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

I am a Distributee in the Estate of \_\_\_\_\_, Deceased.  
I swear or affirm that I have personal knowledge of the facts stated in the foregoing Affidavit and that the facts contained in the Affidavit are true and complete to the best of my knowledge.

\_\_\_\_\_  
Distributee's printed name

\_\_\_\_\_  
Distributee's signature

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ [name of Distributee],  
a Distributee, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

I am a Distributee in the Estate of \_\_\_\_\_, Deceased.  
I swear or affirm that I have personal knowledge of the facts stated in the foregoing Affidavit and that the facts contained in the Affidavit are true and complete to the best of my knowledge.

\_\_\_\_\_  
Distributee's printed name

\_\_\_\_\_  
Distributee's signature

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ [name of Distributee],  
a Distributee, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

