

IN THE CIRCUIT COURT OF STATE OF OREGON  
FOR THE COUNTY OF \_\_\_\_\_  
Probate Department

In the Matter of the Small Estate of: ) Case No.: \_\_\_\_\_  
 )  
 ) AFFIDAVIT OF CLAIMING SUCCESSOR  
 ) (SMALL ESTATE AFFIDAVIT)  
\_\_\_\_\_, )  
Deceased. )  
 ) [Chapter 595, Sections 13 and 22, Oregon  
 ) Laws 2011;ORS 114.515]

STATE OF )  
OREGON ) ss.  
 )  
County of \_\_\_\_\_

I swear that the following statements are true:

1. **The affiant.** My name and address are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have authority to file this affidavit because: *[check at least one that applies]*

- I am an heir of the decedent, and the decedent left no will.
- I am a devisee of the decedent under the decedent's will.
- I am named the personal representative under the decedent's will.
- I am a creditor and have not been paid the full amount owed to me within 60 days of the decedent's death. **Creditors must check the box that applies:**
  - The decedent died intestate and without heirs. I have attached written authorization from the Division of State Lands allowing me to file this small estate proceeding; or
  - Authorization from the Division of State Lands is not required because the decedent dies testate or left heirs.

2. **The decedent.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
Home or mailing address: \_\_\_\_\_  
\_\_\_\_\_ Date of death: \_\_\_\_\_  
Place of death: \_\_\_\_\_

**A certified copy of the death certificate is attached.**



1 8. **The devisees.** *[This part only applies if the decedent left a will. If the decedent*  
2 *did not leave a will write in “none”.]*

3 The devisees named in the decedent’s will, and their last-known addresses, are:

<u>Name of each devisee</u>	<u>Last-known address</u>
_____	_____
_____	_____
_____	_____
_____	_____

4  
5  
6  
7  
8 9. **Notice to heirs and devisees.** I promise to give to each heir and each devisee, if  
9 any, (1) a copy of this affidavit showing the date of filing and (2) a copy of the will, if  
10 the decedent died testate. I will do this by delivering or mailing the papers to the  
11 heirs and devisees at the last-know addresses. I will do this within 30 days after this  
12 affidavit is filed with the court.

13 10. **Who gets what?** The following people are entitled to the following property:

<u>Name of heir of devisee</u>	<u>Property to be received</u>
_____	_____
_____	_____
_____	_____
_____	_____

14  
15  
16  
17 *[If a will exists, the will governs who gets what. If no will exists, the laws of*  
18 *intestacy apply (see the instructions). If one person is to receive the entire estate,*  
19 *state “entire estate” or “100% of residue” under “Property to be received”. If, for*  
20 *example, three people share the estate equally, state “one-third of residue” under*  
21 *“Property to be received”.]*

22 11. **Creditors.** Reasonable efforts have been made to ascertain the creditors of the  
23 estate. The following expenses of or claims against the estate remain unpaid  
24 (including reimbursement owed to someone who paid claims or expenses):

<u>Creditor’s name</u>	<u>Last-known address</u>	<u>Type of claim &amp; estimate or amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

25  
26  
27 *[If the estate has no creditors, write in “none”]*

28 12. **Disputed Creditors.** I, as affiant, dispute the following claims against the estate:

<u>Creditor’s name</u>	<u>Last-known address</u>	<u>Type of claim &amp; estimate or amount</u>
_____	_____	_____
_____	_____	_____

*[If the estate has no creditors making claims the affiant disputes, write in “none”]*

1 13. **Notice to creditors.** I promise to give each creditor listed in parts 11 and 12 above  
2 a copy of this affidavit showing the date of filing. I will do this by delivering or  
3 mailing the papers to the creditor at the last-known address. I will do this within 30  
4 days after this affidavit is filed with the court.

5 14. **Notice to Estate Administration.** Within 30 days after this affidavit is filed  
6 with the court, I promise to mail a copy of the affidavit showing the date of filing to  
7 each of the following:

8 Department of Human Services & Oregon Health Authority  
9 Estate Administration Unit  
10 PO Box 14021  
11 Salem, Oregon 97309-5024

12 15. **Claims may be barred.** Some claims against the estate may be barred unless  
13 specific things happen.

14 a. Claims against the estate not listed in this affidavit or in amounts larger than  
15 those listed in this affidavit may be barred unless:

- 16 1) A claim is presented to the affiant within four months of the filing of the  
17 affidavit at the address stated in part 1 of this affidavit; or  
18 2) A personal representative of the estate is appointed within the time allowed  
19 under ORS 114.555.

20 b. If this affidavit lists one or more claims which the affiant disputes, any such  
21 claim may be barred unless:

- 22 1) A petition for summary determination is filed within four months of the  
23 filing of this affidavit; or  
24 2) A personal representative of the estate is appointed within the time allowed  
25 under ORS 114.555.

26 **I have read this affidavit. The statements it contains are true and correct to  
27 the best of my knowledge.**

28 \_\_\_\_\_  
Affiant

Telephone Number: (\_\_\_\_\_)\_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC FOR OREGSON

My Commission expires:\_\_\_\_\_