

**SMALL ESTATE AFFIDAVIT
TESTATE (WITH A WILL)**

IN THE COUNTY COMMISSION OF MONONGALIA COUNTY, WEST VIRGINIA

RE: THE ESTATE OF John J. Smith

DOD: 10-01-21

STATE OF WEST VIRGINIA,

COUNTY OF MONONGALIA, to-wit:

I, Jane E. Smith, 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 Jane E. Smith, and my current address is
123 Any St, Anytown, WV 26501

2. The Decedent, John J. Smith, died on
10-01-21 (date of death), a resident of Monongalia County, State of West Virginia, with his/her usual residence being
123 Any St, Anytown, WV 26501

3. A certified death certificate has been furnished herewith for filing in this County. I am a Successor of the decedent as wife (state relationship).

TESTACY (WITH A WILL)

4. At the date of death, the Decedent died with an original Last Will and Testament of the Decedent dated 09-13-2015, 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: Jane E. Smith
Address: 123 Any St
Anytown, WV 26501

b. Name: _____
Address: _____

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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 **Last known mailing address is required **(list any pre-deceased beneficiaries as DECEASED)**:

a. Name: Jane E. Smith
Address: 123 Any St
Anytown, WV 26501
Relationship to Decedent: wife
Share or percentage or particular item: 100%

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: _____

f. Name: _____
Address: _____

Relationship to Decedent: _____

must include fair market value

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7. () **[Check if applies]** 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.

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

Signature of Affiant/Successor

Contact information of Authorized Successor (phone, email):

Taken, subscribed, and sworn to before me the undersigned authority by

_____, this ____ day of _____, 20_____.

Notary Public

Commission Expires

{SEAL}