United States of America

State of West Virginia

County of Monongalia, ss:

243 High Street Room 123
Morgantown WV 26505-5461

Phone: (304) 291-7230
Fax: (304) 291-7233

TO FILE AN AFFIDAVIT FOR SMALL ESTATE – INTESTATE (NO WILL)
$50,000 or less in Personal Property WV Code 44-1A-1

If the personal property assets (bank accounts, refunds, checks payable to the estate, vehicles, household goods, etc.) of the decedent are less than $50,000 an heir-at-law can file the Small Estate Affidavit **61** or more days after death if no other probate has been opened. ****If there are real estate or oil and gas interests in the decedent's name only, full probate is required.**

1) Complete the attached Affidavit with the Decedent's name, date of death, residence address from the death certificate, **all** heirs-at-law, and their last known mailing address (required). List heirs-at-law that have already passed away with their name and DECEASED. See the .pdf Family_Tree for assistance with who are heirs-at-law. Also list the percentage of assets the heirs are to receive**; this must be an equal split if there's no Will.**

2) Complete section 5 for specific personal property assets, including any refunds, bank accounts, checks made payable to the estate, household goods, etc. MUST LIST AMOUNTS.

3) Sign the Small Estate Affidavit in front of a notary 61 or more days from the date of death and submit the original form to our office with a copy of the death certificate and $12 if the Affidavit is 5 pages or less. One Certificate of Authorization is included with the filing fee. Additional Certificates are $2.50 each.

We will process the Small Estate Affidavit as quickly as possible, and mail you the Certificate of Authorization, your receipt, and an overview of Small Estate information. The heirs will be notified by mail with a copy of the Small Estate Affidavit, and have 30 days from filing to object. Full probate may be required if there are objections, or if the assets exceed the limits.

Return the original, notarized form, fees, and copy of the death certificate by mail (via certified or overnight mail) or they can be dropped off at the front desk in person. Our office hours are Monday – Friday, 8:30am to 4:30pm.

****You are welcome to drop-off your forms in person, but you may not be able to meet with the probate department without an appointment****

SMALL ESTATE AFFIDAVIT
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Fee example: 4 page Small Estate Affidavit with one Certificate = $12.00

Monongalia County Clerk's Office
Attn: Probate Dept.
243 High Street, Room 123
Morgantown, WV 26505

We accept checks, money orders or credit card payments. If you'd like to pay by credit card, please indicate that with your submission and leave a cell number that our staff can reach you at Mon.-Fri. 8:30am to 4:30pm. There is a 2.4% or $1 minimum administrative fee for credit/debit.

If you'd like to make an in-person appointment to speak to someone in the probate department, please either:

call 304-291-7230 x 7270

email estates@monongaliacountyclerk.com

or use our online scheduling link at
https://monongaliacountyclerkoffice.as.me/schedule.php?appointmenttype=246126

SMALL ESTATE AFFIDAVIT
INTESTATE (WITHOUT A WILL)

IN THE COUNTY COMMISSION OF MONONGALIA COUNTY, WEST VIRGINIA

RE: THE ESTATE OF: _____

Date of Death: _____

STATE OF WEST VIRGINIA,

COUNTY OF MONONGALIA, 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 _____ _____.

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

INTESTACY (NO WILL)

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

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

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

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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: _____

f. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage: _____

g. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage: _____

h. Name: _____

Address: _____

Relationship to Decedent: _____

Share or percentage: _____

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

SMALL ESTATE AFFIDAVIT
INTESTATE (WITHOUT A WILL)

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
	Total	

7. ( ) [**Check if applies**] 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. Witness my hand and seal this ____ day of _____, 20___.

_____

Signature of Affiant
Contact information of Affiant/Authorized Successor (phone, email):

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

_____(PRINTED NAME OF AFFIANT FROM

SIGNATURE LINE ABOVE), this _____ day of _____, 20_____.

_____ _____

Notary Public Signature Commission Expires {SEAL}