

**STATE OF WYOMING
COUNTY OF CARBON**

IN THE MATTER OF THE ESTATE OF:

_____,
Decedent.

AFFIDAVIT OF SMALL ESTATE DISTRIBUTEES

I, _____, UPON BEING DULY SWORN, STATE ON MY OATH ON BEHALF OF MYSELF AND ALL OTHER DISTRIBUTEES, THAT:

1. My mailing address is:

2. My residence/street address (if different from above):

3. The Decedent's full name is:

4. More than thirty (30) days have elapsed since Decedent's death on _____. I have attached a copy of the death certificate hereto.

5. I am a distributee of the Decedent's estate as defined in Wyoming Statute § 2-1-301(XIII). All distributees of the Decedent, including myself, are listed as follows:

Spouse: _____

Address: _____

Relationship: _____

Address: _____

Relationship: _____

Address: _____

Relationship: _____

Address: _____

Relationship: _____

Address: _____

6. That the value of the entire estate of the decedent, wherever located, less liens and encumbrances, does not exceed Two Hundred Thousand Dollars (\$200,000.00).

7. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

8. The claiming distributees are entitled to payment or delivery of the property, and there are no other distributees of the decedent having a right to succeed to the property under the probate proceedings.

Under penalty of perjury, I/We declare that I/We have read the foregoing and the facts alleged are true, to the best of my/our knowledge and belief.

Date: _____ Signature of Petitioner: _____

Petitioner Name: _____

Address: _____

City: _____

State & Zip: _____

Phone: _____

Relationship to Decedent: _____

STATE OF WYOMING)
)SS
COUNTY OF _____)

The following instrument was acknowledged before me this ___ day of _____, 20__ by _____.

Notary Public

Printed Name

My Commission expires: _____