STATE OF ILLINOIS	
COUNTY OF	

Small Estate Affidavit

	I,	(name of affiant), on oath state:				
1.	(a) My post office address is:					
	(b) My residence address is:and					
		I am an out-of-state resident, I submit mes related to the preparation and use of this:				
NAM	1E	ADDRESS				
CITY	7	TELEPHONE_				
name	ed person cannot be effectu	named above as my agent for service or, ated, the Clerk of the Circuit Court ofgnized by Illinois law as my agent for se	(County)			
2.	The decedent's name is					
3.	The date of the decedent's death was, and I have attached a copy of the death certificate hereto.					
4.	The decedent's place of residence immediately before his death was					
5.	No letters of office are now outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.					
6.	The gross value of the decedent's entire personal estate including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000, and consists of the following: (Here list each asset, e.g. cash, stock and its fair market value).					
7.	Please mark (X) correct box. (a) All of the decedent's funeral expenses have been paid, or (b) The amount of the decedent's unpaid funeral expenses and the name and post office address of each person entitled thereto are as follows:					
Name	e	Post Office Addres	SS			
	Amount					
8.	There is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7.					
9.	(a) The names and places of residence of any surviving spouse, minor children and adult dependent * children of the decedent are as follows:					
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*(Note charge.	: An adult dependent child is one who	o is unable to maintain himself	and is likely to bec	come a public		
(b)	The award allowable to the surviving spouse of a decedent who was an Illinois resident is \$ (\$10,000, plus \$5,000 multiplied by the number of children and adult dependent children who resided with the surviving spouse at the time of the decedent's death. If any such child did not reside with the surviving spouse at the time of the decedent's death, so indicate in 9(a).					
(c)	If there is no surviving spouse, the a children of a decedent who was an I multiplied by the number of minor camong them in equal shares.	llinois resident is \$	(\$10,000, plu	ıs \$5,000		
10.	and relationships or eir is entitled under					
Name, rela	tionship and place of residence	Age of Minor	Portion of	f Estate		
		OR				
	will on file is the decedent's witnesses as required by law		of my knowledge at decedent and the a obate. The names	nd belief the attesting and places of		
Name, relat	tionship and place of residence	Age of Minor	Portion o	of Estate		
[Indicate ei	ither 10(a) or 10(b)]					
	(c) Affiant is unaware of any dis decedent.	spute or potential conflict as to	the heirship or wil	l of the		
11. The	e property described in paragraph 6 o	f this affidavit should be distri	buted as follows:			
Name	Specific Sum or Property to be distributed					
	oing statement is made under the pe					
		Signature of	Affiant	Date		
a:	. 1	Day	time telephone			
	worn to be					
Defore me thi	isday of	·				
	Notary Public					