

**SMALL ESTATE AFFIDAVIT
INTESTATE (WITHOUT 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).

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

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)**

