### United States of America



State of West Virginia

243 High Street Room 123 Morgantown WV 26505-5461 County of Monongalia, ss:

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

## TO FILE AN AFFIDAVIT FOR SMALL ESTATE – TESTATE (WITH A 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 the executor named in the Will can file the Small Estate Affidavit 30 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, all beneficiaries listed in the Will, and their last known mailing address (required). List beneficiaries that have already passed away with their name and DECEASED. Also list the specific items or percentage of assets the beneficiaries are to receive according to the Will, even if the items have already been distributed or are no longer owned.
- 2) Complete section 5 for specific personal property assets, including any refunds, bank accounts, checks made payable to the estate, household goods, etc. MUST INCLUDE AMOUNTS.
- 3) Sign the Small Estate Affidavit in front of a notary **30** 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.
- 4) To file the Will and the Small Estate Affidavit at the same time, include the **original** Will and an additional \$12 filing fee if the Will is 4 pages or less. \$1/page more for each additional page. You will receive a copy of the Will with your receipt, our office retains the original by law.

#### \*\*All submissions must include a death certificate, which will be returned to you.

We will process the Small Estate Affidavit and Will as quickly as possible, and mail you the Certificate of Authorization, your receipt, and an overview of Small Estate information. The beneficiaries 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, death certificate, and Will 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\*\*

Fee example: 4 page Will, 4 page Small Estate Affidavit one included Certificate = \$24.00

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 phone number that our staff can reach you at Mon.-Fri. 8:30am to 3:30pm. There is a 2.4% or minimum \$1 administrative fee to use a credit or debit card.

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

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

RE: THE ESTATE OF			
Date of Death: :			
STATE OF WEST VIRGINIA,			
COUNTY OF MONONGALIA, to-	vit:		
l,	, being a Successor of the Decedent identified below,		
being first duly sworn, upon oath and unde	er 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	g		
	rnished herewith for filing in this County. I am a Successor of		
3. A certified death certificate has been fu	rnished herewith for filing in this County. I am a Successor of		
3. A certified death certificate has been futhe decedent as  TESTACY (WITH A WILL)	rnished herewith for filing in this County. I am a Successor of		
3. A certified death certificate has been futhe decedent as  TESTACY (WITH A WILL)  4. At the date of death, the Decedent died	rnished herewith for filing in this County. I am a Successor of (state relationship).		
3. A certified death certificate has been futhe decedent as  TESTACY (WITH A WILL)  4. At the date of death, the Decedent died dated, without	rnished herewith for filing in this County. I am a Successor of (state relationship).		
3. A certified death certificate has been furthe decedent as	rnished herewith for filing in this County. I am a Successor of (state relationship).  d with an original Last Will and Testament of the Decedent any codicil thereto ( ) or with codicil(s) thereto dated		
3. A certified death certificate has been furthe decedent as  TESTACY (WITH A WILL)  4. At the date of death, the Decedent died dated, without ( ) [Check if approximately decedent, together with any codicil(s), is for	d with an original Last Will and Testament of the Decedent any codicil thereto ( ) or with codicil(s) thereto dated oplies]. The aforesaid original Last Will and Testament of the		
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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 predeceased beneficiaries as DECEASED):

a. Name:		
Address:		
Relationship to Decedent:		
Share or percentage or particular item:		
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:
Share or percentage or particular item:
g. Name:
Address:
Relationship to Decedent:
Share or percentage or particular item:
h. Name:
Address:
Relationship to Decedent:
Share or percentage or particular item:
i. Name:
Address:
Relationship to Decedent:
Share or percentage or particular item:
j. Name:
Address:
Relationship to Decedent:
Share or percentage or particular item:

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

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
_			
F			
-			
F			
F			
-			
-		TOTAL	
L		TOTAL	
7. Ti	ent is pending or has been granted in any jurisdiction.  undersigned Affiant will faithfully administer the small assets of the and pay or deliver the same to the Successor or Successors so er s day of		
 Sign	ure of Affiant		
Cont	information of Affiant/Authorized Successor (phone, email):		
Take	subscribed, and sworn to before me the undersigned authority by:		
	(PRINTED	NAME OF AFFIA	NT FROM
SIG	TURE LINE ABOVE), this day of, 20	·	

**Commission Expires** 

{SEAL}

Notary Public Signature