

## **Notice Regarding Filing of Small Estate Affidavits In El Paso County Probate Courts**

By Administrative Order dated August 14, 2014, Effective October 1, 2014, The El Paso County Probate Courts Will ONLY approve Small Estate Affidavits that transfer Property between:

A Deceased Spouse and a Surviving Spouse;

A Decedent and an unmarried Adult child living in the Homestead.

All other Small Estate Affidavits will be DENIED.

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## **Aviso De Cambios Relacionados A Declaraciones Juradas De Sucesion De Los Tribunales Testamentarios Del Condado de El Paso, Texas:**

Por Orden Administrativa, De la Fecha 14 de Agosto del 2014 y efectivo a partir del 1 de Octubre del 2014, los Tribunales de Sucesion Testamentarias del condado de El Paso, TX, solo aceptaran Declaraciones Juradas De Sucesion que Transfieran Propiedad Y/O Bienes Entre:

El Conyuge Difunto Y El Conyuge Sobreviviente;

El difunto y su descendiente soltero de mayor edad que viva en El Hogar Del Difunto.

Su documento NO SERA APROBADO si no cumple con los requisitos nombrados anteriormente.

# CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY): \_\_\_\_\_ COURT (FOR CLERK USE ONLY): \_\_\_\_\_

STYLED \_\_\_\_\_

(e.g., John Smith v. All American Insurance Co, In re Mary Ann Jones, In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

<b>1. Contact information for person completing case information sheet:</b> Name: _____ Email: _____ Address: _____ Telephone: _____ City/State/Zip: _____ Fax: _____ Signature: _____ State Bar No: _____	<b>Names of parties in case:</b> Plaintiff(s)/Petitioner(s): _____ Defendant(s)/Respondent(s): _____ _____ _____ _____ _____	<b>Person or entity completing sheet is:</b> <input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____
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[Attach additional page as necessary to list all parties]

**2. Indicate case type, or identify the most important issue in the case (select only 1):**

Civil		Family Law			
<b>Contract</b> <i>Debt Contract</i> <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: _____ <i>Foreclosure</i> <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____	<b>Injury or Damage</b> <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation <i>Malpractice</i> <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises <i>Product Liability:</i> <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____	<b>Real Property</b> <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ <b>Related to Criminal Matters</b> <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____	<b>Marriage Relationship</b> <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void <i>Divorce</i> <input type="checkbox"/> With Children <input type="checkbox"/> No Children <b>Other Family Law</b> <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____	<b>Post-judgment Actions (non-Title IV-D)</b> <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other <b>Title IV-D</b> <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocity (UIFSA) <input type="checkbox"/> Support Order <b>Parent-Child Relationship</b> <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____	
<b>Employment</b> <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____	<b>Other Civil</b> <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____				
<b>Tax</b> <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax	<b>Probate &amp; Mental Health</b> <i>Probate Wills/Intestate Administration</i> <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____				

**3. Indicate procedure or remedy, if applicable (may select more than 1):**

<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action	<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment	<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover
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**4. Indicate damages sought (do not select if it is a family law case):**

Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees  
 Less than \$100,000 and non-monetary relief  
 Over \$100,000 but not more than \$200,000  
 Over \$200,000 but not more than \$1,000,000  
 Over \$1,000,000

**TEXAS MEDICAID ESTATE RECOVERY PROGRAM (MERP)  
AUTHORIZATION AND MERP CERTIFICATION**

**FROM: Name:** \_\_\_\_\_  
**Company/Firm:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**RE: Deceased Owner's Name:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_  
**Deceased Owner's Medicaid ID and/or Social Security Number:** \_\_\_\_\_  
**Complete Property Address:** \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 1:  
Authorization to Obtain MERP Claim Information  
(To be Completed by Heirs/Beneficiaries or Estate Representative)**

The undersigned heir/beneficiaries or Estate Representative of the Deceased Owner are unable to certify that the estate of the Deceased Owner is exempt or is not subject to a MERP claim, and hereby authorizes MERP to complete Section 2 of this form below and provide same or any other information related to a MERP claim against Deceased Owner to the requestor above.

**By:** \_\_\_\_\_ **By:** \_\_\_\_\_  
 (Signature) (Signature)

**Printed Name:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**SECTION 2  
CERTIFICATION BY MERP  
(To be Completed by MERP)**

<input type="checkbox"/>	initial	Based on the Social Security Number provided, there is no pending MERP Claim against the Deceased Owner's estate and the State of Texas does not intend to file a MERP Claim against the Deceased Owner's estate.
<input type="checkbox"/>	initial	There is a MERP Claim filed against the Deceased Owner's estate in amount of \$ _____, as evidenced by the attached document.
<input type="checkbox"/>	initial	MERP intends to file a MERP claim against the Deceased Owner's estate in the amount of \$ _____.

*This is not a dismissal of any other claim the State may have against this estate. Estate representatives of deceased Medicaid recipients whose estates may include assets such as, but not limited to, qualified income trusts, other trusts, annuities, torts, or private insurance policies, should also check with the Health and Human Services Commission's Provider Recoupments and Holds department by calling: (512) 438-2200, #4 to determine if HHSC may have other claims on this estate.*

**TEXAS MERP REPRESENTATIVE**

\_\_\_\_\_  
**Signature** **Date**

\_\_\_\_\_  
**Printed Name** **Title**

**FAX OR MAIL COMPLETED FORM TO:** HMS – The Texas Medicaid Estate Recovery Contractor  
 5615 High Point Drive, Suite 100  
 Irving, Texas 75038  
 Phone: 1-800-641-9356 Fax: 214-560-3918

**Judge Patricia B. Chew**  
Probate Court No. 1  
500 E. San Antonio, 12<sup>th</sup> Floor  
El Paso, Texas 79901

**Judge Eduardo A. Gamboa**  
Probate Court No. 2  
500 E. San Antonio, 4<sup>th</sup> Floor  
El Paso, Texas 79901

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### **Court Policy Regarding *Pro Se* Applicants**

Under Texas law, individuals applying for letters testamentary, letters of administration, determinations of heirship, and guardianships of the person or estate must be represented by a licensed attorney. This rule follows from the requirement that only a licensed attorney may represent the interests of third-party individuals or entities. The only time a *pro se* applicant may proceed in court is when truly representing only himself or herself.

### **Frequently Asked Questions**

- Q: What is a *pro se*?
- A: A *pro se* is an individual who has not retained a lawyer and appears in court to represent himself and no other person or entity.
- Q: Can I still serve as an executor, administrator, or guardian even though I'm not a lawyer?
- A: Yes. You do not need to be a lawyer to serve as an executor, administrator, or guardian. **However, the executor, administrator, or guardian must be represented by counsel.**
- Q: But I'm the only one that needs letters testamentary. As executor, how would I be representing the interests of others?
- A: As executor of a decedent's estate, you don't represent only yourself. An executor represents the interests of beneficiaries and creditors. This responsibility to act for the benefit of another is known as a fiduciary relationship. It gives rise to certain legal obligations and responsibilities that require legal expertise. The attorney you hire represents you in your capacity as executor and assists you in representing those for whom you are responsible.
- Q: If I get the paperwork from a law library or the Internet, can I fill it out and file it? Isn't that what lawyers do?
- A: Lawyers don't just fill out forms. Lawyers (1) determine what method of probate or guardianship is appropriate in a particular situation, (2) create or adapt any necessary paperwork, and (3) advise the client about the ongoing responsibilities of a fiduciary. Unless you are a lawyer, you are creating legal pleadings while acting as a fiduciary would constitute the unauthorized practice of law.
- Q: **As a *pro se*, what proceedings can I do on my own?**
- A: The only proceedings that you can handle as a *pro se* are those in which you truly would be representing only yourself. For example, a *pro se* may apply to probate a will as a muniment of title when he or she is the sole beneficiary under a will and there are no debts against the estate other than those secured by liens against real estate. This procedure can be a viable option in some situations, but not in others. **Whether a muniment of title is the correct probate procedure for a particular situation is a legal decision that is best made by a lawyer.** Note that anyone falsely swearing that the estate has no creditors is subject to a perjury charge.

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Name Printed

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Signature

Date: \_\_\_\_\_

No. \_\_\_\_\_

Estate of

Statutory Probate Court No. \_\_\_\_\_

\_\_\_\_\_ ,

§  
§  
§  
§  
§

of

Deceased.

El Paso County, Texas

### Small Estate Affidavit

On the dates indicated below, all of the Distributees of this estate and two disinterested witnesses personally appeared and, on their oath, did swear or affirm to the accuracy of the following facts, pursuant to Chapter 205 of the Texas Estates Code:

- A. Decedent, \_\_\_\_\_, died on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ County, Texas. A copy of Decedent's death certificate will be provided when requested by this Court.
- B. More than 30 days have elapsed since Decedent's death.
- C. Decedent was a resident of and domiciled at \_\_\_\_\_ in \_\_\_\_\_ County, Texas, at the time of death. *[If not El Paso County, the affidavit must include facts supporting venue in El Paso County.]*
- D. Decedent died without a will.
- E. No administration is pending or has been granted in Decedent's estate and none appears necessary.
- F. The total value of Decedent's estate assets on the date of this affidavit, not including homestead and exempt property is \$75,000.00 or less,
- G. The total value of Decedent's estate assets, not including homestead and exempt property, exceeds the total value of known liabilities.
- H. Medicaid - check the accurate box:
  - The Decedent did not apply for and receive Medicaid benefits on or after March 1, 2005.
  - OR**
  - Decedent did apply for and receive Medicaid benefits on or after March 1, 2005, and the Medicaid Estates Recovery Program claim is listed as a liability in section "J" below.
  - OR**
  - The Decedent did apply for and receive Medicaid benefits on or after March 1, 2005, but there is no Medicaid claim against the estate. *[If this box is checked, applicant(s) **must** either (1) file a Medicaid Estate Recovery Program (MERP) certification that decedent's estate is not subject to a MERP claim or (2) include additional information providing that a MERP claim will not be filed]*

I. All assets of the Decedent's estate and their values are listed here.

**NOTE:** Community property is property acquired during marriage other than by gift or inheritance.

Separate property is property owned before marriage or acquired by gift or inheritance during marriage.

<p align="center"><b>Description of Asset(s)</b></p> <p><i>List with enough detail to identify exactly what the asset is. For example, give bank name and last four digits of an account number; give life insurance company name; give description of car plus VIN number; give address &amp; legal description of real property.</i></p>	<p align="center"><b>\$\$ value of Decedent's interest on date of affidavit</b></p> <p><i>For each asset, list the value of Decedent's interest in that asset. An affidavit cannot be approved with an asset of "unknown" value.</i></p>	<p align="center"><b>Additional information</b></p> <p><i>If decedent was married, indicate:</i></p> <ol style="list-style-type: none"> <li>1. <i>whether each asset was community or separate property, and</i></li> <li>2. <b>facts</b> <i>that explain why the asset was community or separate, and total value of each community property asset.</i></li> </ol> <p><i>If decedent was survived by a spouse, minor children, or unmarried adult children who lived with decedent, the list of known estate assets must indicate which assets applicant claims are exempt. See checklist for more information. Use additional pages as necessary.</i></p>

- J. All liabilities/debts of the Decedent's estate and their values are listed here. The affidavit must list *all* of Decedent's debts and other liabilities including all credit card balances, doctor and hospital bills, utility bills, etc. – *everything* owed by Decedent or Decedent's estate and not paid off.

If none, write "none."

**If funeral debts or attorney's fees and expenses will be paid from estate assets, list them here.**

<b>Description of Liabilities / Debts:</b> <i>List with enough detail to identify the creditor &amp; any account.</i>	<b>Balance Due</b>

*(Continue list as necessary. If list is continued on another page, please note.)*

**Attorney's Fees**

*If you did not list attorney's fees as a liability above but one or more distributees have paid or will pay attorney's fees for this small estate affidavit, indicate the amount of those fees here: \$ \_\_\_\_\_.*  
*Also indicate who has paid or will pay the fees: \_\_\_\_\_.*

K. The following facts regarding Decedent's family history show who is entitled to what share of Decedent's estate, to the extent that the assets of Decedent's estate, exclusive of homestead and exempt property, exceed the liabilities of Decedent's estate. *[Put check marks in the appropriate small boxes, and provide additional information as indicated.]*

**Family History #1: Marriage.**

On the date of Decedent's death, Decedent was a single person.

**OR**

On the date of Decedent's death, Decedent was married to \_\_\_\_\_.  
 The date and place they were married: \_\_\_\_\_.

**Family History #2: Children.**

Decedent had no children by birth or adoption, and Decedent did not take any children into Decedent's home to raise as a child. (Skip to Family History #4 if you check this box.)

**OR**

The following children were born to or adopted by Decedent. List all children, whether or not the child is still alive and whether or not parental rights were later terminated. If parental rights were terminated for any child, give details on separate page(s).

Child's name	Birth date, if known	Name of child's other parent

*(Continue list as necessary. If list is continued on another page, please note.)*



**Family History #3: Children, part 2. Answer if Decedent had any children.**

- All of Decedent's children, by birth or adoption, were alive when Decedent died. *(If any heir died after the Decedent, contact the Court Administrator before getting signatures on this form.)*

**OR**

- The following of Decedent's children, by birth or adoption, died before the Decedent's death and were survived by children (or grandchildren or great-grandchildren):

Name of deceased child (followed by the name of the deceased child's other parent in parentheses)	Date child died	Names of all children of the deceased child <i>(if any of these children died before Decedent, use a separate page to give date of death, plus names &amp; birth dates of all grandchildren)</i>

*(Continue list as necessary. If list is continued on another page, please note.)*

**AND/OR**

- The following of Decedent's children, by birth or adoption, died before the Decedent's death and were not survived by any children, grandchildren, or great-grandchildren:

Name of deceased child	Date child died

*(Continue list as necessary. If list is continued on another page, please note.)*

*If Decedent was survived by any children, grandchildren, or great-grandchildren, you do not need to answer Family History #4 about Parents or Family History #5 about Sisters and Brothers. You may skip to "L" (following #5).*

**Family History #4: Parents.**

- The Decedent was survived by both parents, \_\_\_\_\_ (mother) and \_\_\_\_\_ (father).

**OR**

- Decedent was survived by only one parent, \_\_\_\_\_.  
Decedent's other parent, \_\_\_\_\_, died on \_\_\_\_\_.

**OR**

- Both of Decedent's parents died before Decedent's death.

**Family History #5: Sisters and Brothers.**

The following information about Decedent's sisters and brothers is not needed if Decedent was survived by both parents or by children, grandchildren, or great-grandchildren.

- The following are all of Decedent's brothers and sisters who were alive on the date Decedent died, including half-brothers and half-sisters who were born to *either* of Decedent's parents. If none, write "none." If any of the following are now deceased, indicate date of death.

Name of brother or sister	State whether full or half-sibling	Birth date

*(Continue list as necessary. If list is continued on another page, please note.)*

**AND**

- The following of Decedent's brothers and sisters (including half-brothers and half-sisters who were born to *either* of Decedent's parents) died **before Decedent's death**. If none, write "none."

Name of deceased brother or sister (followed by the date of death in parentheses)	Full or half sibling?	Names of all children of the deceased brother or sister (nephews and nieces of Decedent) that were alive on the date Decedent died	Birth dates of nieces & nephews

*(Continue list as necessary. If list is continued on another page, please note.)*

**Family History #6: Other.**

Fill out a separate page (or pages) **if** Decedent was survived by none of the following: spouse, child, grandchild, parent, brother, sister, half-brother, half-sister, niece, or nephew. If Decedent was survived by none of the above, list all of the surviving relatives of Decedent on a separate page. Specify Decedent's family history with respect to each of the survivors, giving sufficient detail about names, birth dates, death dates, and relationships to explain how each survivor is related to Decedent.



**Affidavits and signatures of all Distributee(s).**

As needed, include other signature pages for additional Distributees.

**\*\*\*Every signature page for every distributee must include the box below:**

*We, as Distributees of the Decedent and as indicated by our signatures below, do solemnly swear or affirm the following:*

- *the foregoing Affidavit was completed by persons who have actual knowledge of the stated facts;*
- *all of the facts stated in the foregoing Affidavit are true and complete; and*
- *each of us has legal capacity.*

*We pray that this Affidavit be filed in the records of the El Paso County Clerk; that the same be approved by the Court; and that the Clerk issue certified copies of this Affidavit and the order approving it as evidence of Distributees' right to inherit the property of Decedent as described above.*

*We understand that Estates Code §205.007(c) provides that "[e]ach person who execute[s] [this] affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit."*

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

I am a Distributee in the Estate of \_\_\_\_\_,  
Deceased. I swear or affirm that I have personal knowledge of the facts stated in the foregoing Affidavit and that the facts contained in the Affidavit are true and complete to the best of my knowledge.

\_\_\_\_\_  
Distributee's printed name

\_\_\_\_\_  
Distributee's signature

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ [name of  
Distributee], a Distributee, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

**Every signature page for a distributee must include the box below:**

*We, as Distributees of the Decedent and as indicated by our signatures below, do solemnly swear or affirm the following:*

- *the foregoing Affidavit was completed by persons who have actual knowledge of the stated facts;*
- *all of the facts stated in the foregoing Affidavit are true and complete; and*
- *each of us has legal capacity.*

*We pray that this Affidavit be filed in the records of the El Paso County Clerk; that the same be approved by the Court; and that the Clerk issue certified copies of this Affidavit and the order approving it as evidence of Distributees' right to inherit the property of Decedent as described above.*

*We understand that Estates Code §205.007(c) provides that "[e]ach person who execute[s] [this] affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit."*

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

I am a Distributee in the Estate of \_\_\_\_\_,  
Deceased. I swear or affirm that I have personal knowledge of the facts stated in the foregoing Affidavit and that the facts contained in the Affidavit are true and complete to the best of my knowledge.

\_\_\_\_\_  
Distributee's printed name

\_\_\_\_\_  
Distributee's signature

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ [name of  
Distributee], a Distributee, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

**Affidavits and signatures of two disinterested witnesses**

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

I have no interest in the Estate of \_\_\_\_\_, Deceased, and am not related to Decedent under the laws of descent and distribution of the State of Texas. I swear or affirm that the facts contained in this Affidavit regarding family history, assets, and liabilities are true and complete to the best of my knowledge. I have known the Decedent for \_\_\_\_\_ years. The Decedent was my \_\_\_\_\_ (relationship).

*I understand that Estates Code §205.007(c) provides that "[e]ach person who execute[s] [this] affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit."*

\_\_\_\_\_  
Disinterested Witness's printed name  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Disinterested Witness's signature  
Phone No. \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ [name of witness], a disinterested witness, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

I have no interest in the Estate of \_\_\_\_\_, Deceased, and am not related to Decedent under the laws of descent and distribution of the State of Texas. I swear or affirm that the facts contained in this Affidavit regarding family history, assets, and liabilities are true and complete to the best of my knowledge. I have known the Decedent for \_\_\_\_\_ years. The Decedent was my \_\_\_\_\_ (relationship).

*I understand that Estates Code §205.007(c) provides that "[e]ach person who execute[s] [this] affidavit is liable for any damage or loss to any person that arises from a payment, delivery, transfer, or issuance made in reliance on the affidavit."*

\_\_\_\_\_  
Disinterested Witness's printed name  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Disinterested Witness's signature  
Phone No. \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_ [name of witness], disinterested witness, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

**Prepared in the Law Office of:**  
[Attorney signature block]