

Register of Wills of Mercer County, Pennsylvania
SMALL ESTATES AFFIDAVIT
For Insurance Proceeds

NOT to be used for Settlement of Small Estates under 20 Pa.C.S.A. §3102

(Original Death Certificate Must Accompany this Form)

MUST BE LEGIBLE

Deceased _____ Case No. _____
also known as _____ Social Security No. _____
Before the Register of Wills of said County personally came _____ who resides
at _____, being duly sworn,
deposes and says that _____, age _____, a resident of _____,
in said County, departed this life, at _____ on the _____ day of _____
A.D. 20 _____ o'clock _____ M., possessed of personal
property estimated to be of the value of \$ _____.

Except as follows, Decedent did not marry, was not divorced, and did not have a child born or adopted after execution of any testamentary writings whether or not offered for probate; was not the victim of a killing, was never adjudicated an incapacitated person, and was not a party to a pending divorce proceeding at the time of death wherein grounds for divorce had been established as defined in 23 PA C.S. section 3323(g):

The total amount of insurance proceeds payable by _____ does not exceed \$11,000 and 60 days have elapsed since the death of the insured. The undersigned agrees payment cannot be made under this Affidavit if a written claim for same has been made by a Personal Representative of the estate and no other heir(s) having preference exist or have released their benefits to the undersigned.

That said decedent left a spouse – whose name and residence is _____

and the following as next of kin:

NAMES	RELATIONSHIP	RESIDENCE

That the above named are the spouse & and all the known next of kin of said decedent, to the best of my knowledge and belief. _____

Your Petitioner avers there are **NO KNOWN PROBATABLE ASSETS** that would require an estate proceeding. *Therefore, NO ESTATE WILL BE RAISED, AND LETTERS ARE NOT NECESSARY.*

*Signed
By:*

Sworn and subscribed to before me this

_____ day of _____, 20 _____

Notary Public

My Commission Expires _____

Register of Wills:

Kindly enter appearance in the above case this
day of _____, 20 _____

Attorney

I.D. No.

BE IT REMEMBERED, that as of the _____ day of _____, A.D. 20
There has been **NO ESTATE PROCEEDING RAISED FOR THIS DECEDENT AND NO LETTERS HAVE BEEN ISSUED BY THIS COURT.**

Register

MARY JO BASILONE DEPRETA,
Register of Wills & Clerk of Orphans' Court
My Commission Expires First Monday, January, 2028

SMALL ESTATES AFFIDAVIT
INSTRUCTIONS FOR FILING

1. Form may be typed or legibly handwritten and must be notarized.
2. Original death certificate must accompany this form.
3. \$20 filing fee must accompany filing—cash or money order; no personal checks.
4. Mailed filings must provide a self-addressed, stamped envelope (regular, first class postage) for return mailing of certification and receipt.
5. Please attach correspondence from insurance company(ies) or other communication(s) to identify why this Affidavit is being filed.

FILING FEES:

Automation Fee	:	\$ 5.00
Death Certificate	:	5.00
Affidavit	:	<u>10.00</u>
		\$20.00

Mary Jo Basilone DePreta
Register of Wills &
Clerk of Orphans Court
Mercer County, PA