

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

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

MUST BE TYPED OR ELECTRONICALLY PRINTED
(Original Death Certificate Must Accompany this Form)

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 \$ _____, and possessed of real estate, the estimated value
and the location of which is as follows:

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 PROBABLE 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 this 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

SARAH E. EDWARDS, M.A., J.D.

**Register of Wills & Clerk of Orphans' Court My
Commission Expires First Monday, January, 2028.**

SMALL ESTATES AFFIDAVIT

Instructions for Filing

1. **FORM MUST BE TYPED or ELECTRONICALLY PRINTED; NO HANDWRITTEN FORMS will be accepted**
2. **ORIGINAL DEATH CERTIFICATE** must accompany this Form
3. **FORM MUST BE NOTARIZED.**
4. **\$25 FILING FEE** must accompany filing (*NO personal checks*)
5. Mailed filings must provide self-addressed, stamped envelope (*regular, first class postage*) for return mailing of certification & receipt
6. These Affidavits are not to be used for Settlement of Small Estates under *20 Pa.C.S.A. §3102*