

**SMALL ESTATE AFFIDAVIT PURSUANT TO PENNSYLVANIA STATUTE 20 § 3101**

IN RE: ESTATE OF \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

Deceased

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF DAUPHIN

The undersigned, \_\_\_\_\_, in the capacity/relationship as \_\_\_\_\_ of the above decedent, being duly sworn according to law, depose and say that:

1. I am entitled to payment or delivery of the property as heir of the decedent because there is no other heir that has preference or any heirs that have preference have released their benefits to me and no personal representative has been appointed or will be appointed for the Decedent's Estate.
2. All heirs are listed below.

Relationship	Name	Address or Date of Death
Spouse		
Child		
Child		
Child		
Child		
Parent		
Parent		
Sibling		
Sibling		
Sibling		

3. I further state that the above facts are true and correct and request that \_\_\_\_\_  
\_\_\_\_\_ pay any funds or benefits due and owing to the  
decedent at the time of their death pursuant to 20 Pa.C.S.A. §3101:

\_\_\_\_\_ (a) Wages, salary or employee benefits up to \$10,000.00.

\_\_\_\_\_ (b) Deposit account up to \$10,000.00.

\_\_\_\_\_ (c) Patient's care account up to \$10,000.00.

\_\_\_\_\_ (d) Life insurance payable to estate up to \$11,000,00

\_\_\_\_\_ (e) Unclaimed property up to \$11,000.00

4. A copy of 20 Pa.C.S.A. §3101 is attached.

BY:

DATE: \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME:

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

***Executed out of Register's Office***

Before the undersigned personally appeared the party executing  
this affidavit/release and certified that he or she executed the  
affidavit for the purposes stated within on this

\_\_\_\_\_ day of

\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

(Signature and Seal of Notary or other official qualified to administer oaths.

Show date of expiration of Notary's Commission.)