IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS PROBATE DIVISION

IN THE	MATTER OF THE EST	ATE:	PROBATE	NO.
		DEC'D		
	AFFIDAVIT FOR CO	OLLECTION OF SM	MALL ESTATE BY	DISTRIBUTEE
_	Comes	and _		, and for the
	e of dispensing	with admi	nistration c [the "Deced	of the estate of dent"], state on oath:
1.	The Decedent			, who resided at in
	Cou		died at	
		or	or about	[date].
2.	_		-	representative for the
•	decedent's estate		_	
3.	-	-	-	ince decedent's death.
4.				owned by the decedent
		•	-	ead of and statutory
				ouse or minor children,
	if any, of the dece (\$100,000).	edent, does not	exceed one hu	ndred thousand dollars
5.	There are no unpar	id claims or d	lemands agains	t the decedent or the
	decedent's estate,	, and the Depa	rtment of Hum	an Services furnished
	no federal or sta	ate benefits t	to the deceder	nt (or, that if such
	benefits have been	furnished, t	ne Department	of Human Services has
	been reimbursed i	in accordance	with state a	and federal laws and
	regulations).			
6.	An itemized descr	iption and va	luation of the	e decedent's personal
	<pre>property; a legal</pre>	description as	nd valuation o	of the decedent's real
	property, including	g homestead,	if any; and th	ne names and addresses
	of persons having	possession t	hereof or res	siding on any of the
	decedent's real pr	operty, are:		
	escription of			
	perty, Extent &	Valuation	Less	
	ls of Encumbrances	Encumbra		In Possession Of
	if any			

7. The names, ages, relationships to the decedent and residence addresses of the persons entitled to receive the property of the decedent as surviving spouse, heirs or devisees of decedent's will are:

Name	Age	Relationship	Residence Address

THEREFORE, the distributee[s] of this estate shall be entitled to distribution of the property identified above, without the necessity of an order of the court or other proceeding, upon furnishing a copy of this Affidavit, certified by the clerk, to any person owing any money, having custody of any property, or acting as registrar or transfer agent of any evidence of interest, indebtedness, property or right of the decedent.

Date:

		
[Signature][Affiant]		
[Print Name]		
[Address]		
[Telephone Number]		
[Email Address]		
STATE OF	_)	
COUNTY OF	_)	
SUBSCRIBED AND SWORN TO before	e me this	day of
	NOTARY PUBLIC	
My Commission Expires:		
	SEAL	

CERTIFICATE OF CLERK

The undersigned Clerk of the Probate Court of Pulaski County, Arkansas,
certifies that this is a true copy of an affidavit filed in this court on
[date], that the affidavit remains on file and that no
petition for the appointment of a personal representative of this estate
has been filed in this court.
Date:,
By:, Deputy Clerk.
(Seal)