# Small Estate Affidavit

| Deceased member's name | Member ID | Claim number |
|---|---|---|
| | | |

I, _____ , on oath state:
(Name of affiant)

1. (a) My post office address is _____ .

   (b) My residence address is _____ ; and

   (c) I understand that, if I am an out-of-state resident, I submit myself to the jurisdiction of Illinois courts for all matters related to the preparation and use of this affidavit. My agent for service of process in Illinois is:

   Name _____

   Address _____

   City _____

   Telephone (if any) _____

   I understand that if no person is named above as my agent for service or, if for any reason, service on the named person cannot be effectuated, the Clerk of the Circuit Court of _____, (county)(Judicial Circuit), Illinois is recognized by Illinois law as my agent for service of process.

2. The decedent's name is _____ .

3. The date of the decedent's death was _____ , and I have attached a copy of the death certificate hereto.

4. The decedent's place of residence immediately before death was _____

   _____ .

5. No letters of office are outstanding on the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge.

6. (a) Excluding motor vehicles registered with the Secretary of State, the decedent's entire personal estate passing to any party either by intestacy or under a will, does not exceed $150,000. (Here, list each asset, e.g., cash, stock, and its fair market value);

| Property Description | Fair Market Value |
|---|---|
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |
| _____ | $_____ |

(b) Any motor vehicles registered with the Secretary of State in the decedent's entire personal estate passing to any party either by intestacy or under a will. (Here, list a description of each motor vehicle by make, body type, year, and vehicle identification number.)_____

_____

**CONTINUED ON REVERSE SIDE**

7. Check one:

☐ (a) All of the decedent's funeral expenses and other debts have been paid, or

☐ (b) All of the decedent's known unpaid debts are listed and classified as follows (include the name, post office address, and amount)

Class 1: funeral and burial expenses, which include reasonable amounts paid for a burial space, crypt, or niche; a marker on the burial space; and care of the burial space, crypt, or niche; expenses of administration; and statutory custodial claims as follows:

| Name | Address | Amount |
|---|---|---|
| _____ | _____ | $ _____ |
| _____ | _____ | $ _____ |

Class 2: the surviving spouse's award or child's award, if applicable, as follows:

| Name | Address | Amount |
|---|---|---|
| _____ | _____ | $ _____ |
| _____ | _____ | $ _____ |

Class 3: debts due the United States, as follows:

| Name | Address | Amount |
|---|---|---|
| _____ | _____ | $ _____ |
| _____ | _____ | $ _____ |

Class 4: money due employees of the decedent of not more than $800 for each claimant for services rendered within 4 months prior to the decedent's death and expenses attending the last illness, as follows:

| Name | Address | Amount |
|---|---|---|
| _____ | _____ | $ _____ |
| _____ | _____ | $ _____ |

Class 5: money and property received or held in trust by the decedent which cannot be identified or traced, as follows:

| Name | Address | Amount |
|---|---|---|
| _____ | _____ | $ _____ |
| _____ | _____ | $ _____ |

**CONTINUED ON NEXT PAGE**

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Class 6: debts due the State of Illinois and any county, township, city, town, village, or school district located within Illinois, as follows:

| Name | Address | Amount |
|---|---|---|
| | | $ |
| | | $ |

Class 7: all other claims, as follows:

| Name | Address | Amount |
|---|---|---|
| | | $ |
| | | $ |

7.5. I understand that all valid claims against the decedent's estate described in paragraph 7 must be paid by me from the decedent's estate before any distribution is made to any heir or legatee. I further understand that the decedent's estate should pay all claims in the order set forth above, and if the decedent's estate is insufficient to pay the claims in any one class, the claims in that class shall be paid pro rata.

8. There is no known unpaid claimant or contested claim against the decedent, except as stated in paragraph 7.

9. (a) The names and places of residence of any surviving spouse, minor children and adult dependent children (an adult dependent child is one who is unable to maintain himself and is likely to become a public charge) of the decedent are as follows:

| **Name and relationship** | **Place of residence** | **Age of minor child** |
|---|---|---|
| | | |
| | | |

(b) The award allowable to the surviving spouse of a decedent who was an Illinois resident is $__ ($20,000, plus $10,000 multiplied by the number of minor children and adult dependent children who resided with the surviving spouse or civil union partner at the time of the decedent's death. If any such child did not reside with the surviving spouse or civil union partner at the time of the decedent's death, so indicate).

(c) If there is no surviving spouse, the award allowable to minor children and adult dependent children of a decedent who was an Illinois resident is $_____ ($20,000, plus $10,000 multiplied by the number of minor children and adult dependent children) to be divided among them in equal shares.

**CONTINUED ON REVERSE SIDE**

10. Check one:

☐ (a) The decedent left no will. The names, places of residence and relationship of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where decedent died intestate are as follows:

| **Name, relationship and place of residence** | **Age of minor** | **Portion of estate** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

(or)

☐ (b) The decedent left a will, which has been filed with the clerk of an appropriate court. A certified copy of the will on file is attached. To the best of my knowledge and belief the will on file is the decedent's last will and was signed by the decedent and the attesting witnesses as required by law and would be admittable to probate. The names and places of residence of the legatees and the portion of the estate, if any, to which each legatee is entitled are as follows:

| **Name, relationship and place of residence** | **Age of minor** | **Portion of estate** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

(c) Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent.

10.3. My relationship to the decedent or the decedent's estate is as follows: _____

**10.5. I understand that the decedent's estate must be distributed first to satisfy claims against the decedent's estate as set forth in paragraph 7.5 of this affidavit before any distribution is made to any heir or legatee. By signing this affidavit, I agree to indemnify and hold harmless all creditors of the decedent's estate, the decedent's heirs and legatees, and other persons, corporations, or financial institutions relying upon this affidavit who incur any loss because of reliance on this affidavit, up to the amount lost because of any act or omission by me. I further understand that any person, corporation, or financial institution recovering under this indemnification provision shall be entitled to reasonable attorney's fees and the expenses of recovery.**

**CONTINUED ON NEXT PAGE**

| Deceased member's name | Member ID | Claim number |
|---|---|---|
| | | |

11. After payment by me from the decedent's estate of all debts and expenses listed in paragraph 7, any remaining property described in paragraph 6 of this affidavit should be distributed as follows:

| **Name** | **Specific sum or property to be distributed** |
|---|---|
| | |
| | |
| | |
| | |
| | |

**Certification: The foregoing statement is made under the penalties of perjury*.** By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. Please be advised that if the TRS Board has a reasonable suspicion that a false record has been filed with the System, it is required to report the matter to the appropriate state's attorney for investigation.

Signature of affiant

Signed and sworn (or affirmed) before me, a notary public, on _____ (Date) by

_____ (Name of affiant).

( Seal )

_____

(Signature of notary public)

*(Note: a fraudulent statement made under the penalties of perjury is perjury, as defined in Section 32-2 of the Criminal Code of 2012.)

**TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS**

2815 W Washington, PO Box 19253
Springfield IL 62794-9253
R. Stanley Rupnik, Executive Director
(877) 9-ASK-TRS | (877-927-5877)
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# Small Estate Affidavit General Information

The Small Estate Affidavit may be used to transfer personal property in a decedent's estate if: (1) no letters of office are outstanding on the decedent's estate and no petition for letters is contemplated or pending in this State or in any other jurisdiction; and (2) the decedent's personal estate passing to any party by intestacy or under a will, tangible and intangible personal property does not exceed $150,000, excluding motor vehicles registered with the Secretary of State.

**IMPORTANT: This affidavit is in compliance with Illinois law (755 ILCS 5/25-1(b)). TRS is entitled to rely on the Small Estate Affidavit, is fully protected in relying on the affidavit in accordance with 755 ILCS 5/25-1(d) and does not have a duty of inquiry regarding the representations made therein.**

**This is general information and not legal advice. TRS is not authorized to provide any advice or assistance in completing this affidavit. If you need assistance in completing the affidavit, please seek your own professional financial and legal assistance.**

## Small Estate Affidavit General Information:

Name of affiant: List the name of the individual completing the form. This person affirms that the contents of the affidavit are true.

Para. 6 (a). List the value of the deceased TRS member's estate. This section **must** include the TRS death benefit as an asset of the estate and the approximate amount of the benefit. Please note if the decedent's assets are held in a trust, those are considered separate from the estate and trust assets should not be included on the Small Estate Affidavit.

Para. 9. List any surviving spouse, civil union partner, minor children, and adult dependent children of the deceased TRS member. Subsections 9(b) and 9(c) pertain to the distribution of the decedent's estate and do not impact the distribution or amount of TRS death benefits which are administered in accordance with Articles 1 and 16 of the Illinois Pension Code

Para. 11. List the distribution of the remainder of the decedent's estate, including the payee(s) designated to receive the TRS death benefit, along with the specific amount or percentage of the TRS death benefit each should receive.

**Individual payees:** Each payee must complete a *Beneficiary Demographic Information Form*. If additional forms are needed, photocopies will be accepted. If the benefit amount exceeds $200.00, TRS will send a second form with rollover options. Each payee will receive an IRS 1099-R form at the end of the calendar year reporting all taxable income distributed.

**Entity Payees (Estate, Trust, Charity, etc.):** Each entity payee must complete a *Death Benefits Application*, which must be obtained from TRS. The application must include the entity's Federal Tax Identification Number (TIN), which is issued by the Internal Revenue Service (IRS). Each entity payee will receive an IRS 1099-R form at the end of the calendar year reporting all taxable income distributed