

**COVER SHEET  
STATE OF ARKANSAS  
CIRCUIT COURT: PROBATE**

The probate reporting form and the information contained herein shall not be admissible as evidence in any court proceeding or replace or supplement the filing and service of pleadings, orders, or other papers as required by law or Supreme Court Rule. This form is required pursuant to Administrative Order Number 8. Instructions can be found at [www.courts.arkansas.gov](http://www.courts.arkansas.gov).

**County:** \_\_\_\_\_ **District:** \_\_\_\_\_ **Filing Date:** \_\_\_\_\_

**Judge:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Case ID:** \_\_\_\_\_

**Type of case (choose one):**

**In the Matter of:** \_\_\_\_\_

**Does this case involve the custody or support of minor children?**      Yes      No

*If yes, also file the completed Confidential Information Sheet.*

Participant 1		Participant 2	
<b>Participant Type</b>		<b>Participant Type</b>	
<b>Company/ Last Name</b>		<b>Company/ Last Name</b>	
Suffix		Suffix	
<b>First Name</b>		<b>First Name</b>	
DLN/State ID/ Contexte ID		DLN/State ID/ Contexte ID	
Address		Address	
City, State ZIP		City, State ZIP	
Phone		Phone	
Email		Email	
Self-represented	Yes      No	Self-represented	Yes      No
DOB		DOB	
Date of Death		Date of Death	
Interpreter needed?	Yes: No    other language: _____	Interpreter needed?	Yes: No    other language: _____

**Attorney of Record:** \_\_\_\_\_ **Bar #:** \_\_\_\_\_

**Party representing:** \_\_\_\_\_ **Atty Email Address:** \_\_\_\_\_

**Related Case(s): Judge:** \_\_\_\_\_ **Case ID(s):** \_\_\_\_\_

**Manner of filing (choose one):**

**DISPOSITION SHEET  
STATE OF ARKANSAS  
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**Case ID:** \_\_\_\_\_ **In the matter of:** \_\_\_\_\_

**Trial Type:** (B) Bench Trial (N) Non-Trial

**Was an interpreter used for this case?** Yes No

For whom? \_\_\_\_\_

Language: \_\_\_\_\_ Other: \_\_\_\_\_

**Was any party self-represented for any portion of the case?** Yes No

If so, who? \_\_\_\_\_

**Disposition Date:** \_\_\_\_\_

**Manner of Disposition (Choose one)**

If consolidated, case ID: \_\_\_\_\_

**Is this case set for review (typical of guardianships)?** Yes (MSSD) No (JUCO)

*No indicates that the case is closed and no court monitoring is legally required.*

**If this case involved guardianship (CSINF):**

Guardian name: \_\_\_\_\_

first name last name

Child support ordered: New Modified Terminated N/A

Person ordered to pay child support: \_\_\_\_\_

first name last name

Was there an order of protection in this case? Yes No

If yes, person(s) protected under the order:

\_\_\_\_\_

## HOW TO FILL OUT AN AFFIDAVIT FOR COLLECTION OF SMALL ESTATE

Print the *decedent's* name on the line marked:

“IN THE MATTER OF THE ESTATE OF \_\_\_\_\_, Deceased”

Print *your* name on the first line, and any additional person(s) who will be signing on the lines after your name, located under the centered title of Affidavit for Collection, etc.

Write the decedent's name again on the line located after “for the purpose of dispensing with administration of the estate of \_\_\_\_\_”

### ITEM NO. 1:

The *decedent's* information; indicate the following information for the lines provided:

- A. Name of deceased person
- B. Age of deceased person upon death
- C. Address of residency
- D. County of residency
- E. Address at death (address of home, address of nursing home, address of hospital)
- F. Month, day and year of death

### ITEM NO. 5:

The *decedent's* property information; indicate the following information along with the approximate value of item, and the name of the person(s) that is currently possessing the property:

- A. Checking account #'s, balance, bank name, name on account
- B. Savings account #'s, balance, bank name, name on account
- C. Vehicle descriptions (make, model, year, and VIN #).
- D. Household Items
- E. Stock & Bonds (Certificate/Account #'s, # of shares, and Name of Corporation)
- F. Life insurance policies (policy #, insurance company, value of policy, beneficiary)
- G. Mineral/gas royalties/rights (exact location, value, who has possession)
- H. Homestead (exact location/address, value of property, name on deed)

\*\*\*\* *Value of Homestead does not count toward \$100,000.00 limit of estate*\*\*\*\*

### ITEM NO. 6:

Information of person(s) lawfully entitled to receive property of the decedent. List the following:

- A. Include yourself **and** anyone else who may be entitled to any property of the decedent, including surviving spouse, heirs or devisees of the decedent's will if the decedent had a will written prior to death.

Your name and requested information, and any other person(s) that are listed in the first opening paragraph on the first page. All persons listed on the first page must sign (on line marked “Affiant”) and date the document **in front of a notary public**.

Bring the completed document to the Circuit Clerk's office to be filed. The filing fee for an Affidavit for Collection of Small Estate is \$25.00, plus \$5.00 for each certified copy requested. If you only need one certified copy, the total cost is **\$30.00**. If you prefer, you may mail your completed Affidavit along with a check or money order in the appropriate amount to:

**Circuit Clerk, Attn: Probate Division, PO Box 1179, Fort Smith, AR 72902.** Be sure to include a self-addressed, stamped envelope for prompt return.

**If real property is involved (i.e. Homestead) it is your responsibility to have a “notice of probate” published in the Times Record and to file a proof of publication with the Clerk's office.**

IN THE CIRCUIT COURT OF SEBASTIAN COUNTY, ARKANSAS  
FORT SMITH DISTRICT  
PROBATE DIVISION (     )

IN THE MATTER OF THE ESTATE OF

Case No. PR-\_\_\_\_\_

\_\_\_\_\_, DECEASED

AFFIDAVIT FOR COLLECTION OF SMALL ESTATE BY DISTRIBUTEE

\_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_, for the purpose of dispensing with administration of the estate of state on oath the following:

- 1.. The decedent \_\_\_\_\_, aged \_\_\_\_\_, who resided at \_\_\_\_\_, in Sebastian County, Arkansas, died at \_\_\_\_\_, on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. No petition for the appointment of a personal representative for the decedent's estate is pending or has been granted.
2. More than forty-five (45) days have elapsed since the decedent's death.
3. The value, less encumbrances, of all property owned by the decedent at the time of death, excluding the homestead of and statutory allowances for the benefit of the surviving spouse or minor children, if any, of the decedent, does not exceed one hundred thousand dollars (\$100,000.00).
4. There are no unpaid claims or demands against the decedent or the decedent's estate, and the Department of Humans Services furnished no federal or state benefits to the decedent (or, that if such benefit have been furnished, the Department of Human Services has been reimbursed in accordance with state and federal laws and regulations).
5. An itemized description and valuation of the decedent's personal property; a legal description and valuation of the decedent's real property, including homestead, if any; and the names and addresses of persons having possession thereof or residing on any of the decedent's real property, are:

Description of Property, and Extent and  
Details of Encumbrances, If any:

Valuation Less Encumbrances:

In Possession Of:

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

Name	Age	Relationship	Residence Address
_____	_____	_____	_____
_____	_____	_____	_____

\*\*USE ADDITIONAL PAGES IF NECESSARY\*\*

\_\_\_\_\_  
\_\_\_\_\_

THEREFORE, the distribute (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.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
AFFIANT  
\_\_\_\_\_  
[Address]  
\_\_\_\_\_  
[Telephone number]  
\_\_\_\_\_  
[Email Address]

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me, a notary public, on this date: \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**CERTIFICATE OF CLERK**

The undersigned Clerk of the Circuit Court of Sebastian County, Arkansas, certifies that this is a true copy of an affidavit filed in this Court on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, that the affidavit remains on file and that no petition for the appointment of a personal representative of the estate has been filed in this Court.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

DENORA COOMER, CIRCUIT CLERK

By: \_\_\_\_\_ D.C.

**\*\*USE ADDITIONAL PAGES IF NECESSARY\*\***