



## Instructions for Completing a Small Estate Affidavit

A Small Estate Affidavit may be used in lieu of formally administering the estate through the court system. The affidavit may be used only if the assets of the estate, excluding any trust assets, but including any TRS death benefits, do not exceed \$100,000. The affidavit allows the affiant, who is the individual completing the affidavit, to designate a payee(s) for the TRS death benefit.

A trust is considered a separate entity from an estate. **Do not** list assets named in the trust on the Small Estate Affidavit.

### Step-by-Step Instructions

Para. 1.

- (a) Affiant's post office address, if applicable
- (b) Affiant's residence address
- (c) Complete this section **only** if affiant resides outside Illinois and retains an Illinois representative for the Illinois matters. If not applicable, leave blank.

Para. 2. Name of deceased TRS member

Para. 3. Date of death of TRS member

Para. 4. Last known address of deceased TRS member

Para. 6. 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. If the amount is unknown, "amount unknown" may be listed for the amount.  
*Example:* TRS death benefit - amount unknown

Para. 7. Check the statement that applies. If 7.(b) is the correct statement, list the required unpaid debt information.

Para. 9. Does not apply to TRS benefit. This paragraph may be left blank.

Para. 10. Check the statement that applies.

Para. 10.3 Relationship to decedent or decedent's estate

Para. 11. List the individual(s) to receive the TRS death benefit and the amount or percentage to be received. If an estate or trust is named, a Death Benefits Application must be obtained from TRS. The estate or trust's Federal Tax ID number must be listed on the application. A Federal Tax ID number can be obtained by contacting the Internal Revenue Service for an IRS Form SS-4. Contact them online at {Internal Revenue Service} or toll free at (800) 829-4933.

**It is the affiant's responsibility to pay all valid claims against the decedent's estate before distribution of the TRS death benefit to the individual(s) listed in paragraph 11.**

Each payee listed in paragraph 11 must complete the enclosed Beneficiary Demographic Information form. If additional forms are needed, photocopies of the original form will be accepted. Each payee will receive an application once the benefit is calculated with exact amounts and the option for a direct rollover. Please be aware each payee will receive an IRS 1099-R form at the end of the year reporting all taxable income.

# Small Estate Affidavit

Deceased member's last name	First name	Middle initial
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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. The gross value of the decedent's entire personal estate, including the value of all property passing to any party either by intestacy or under a will, does not exceed \$100,000. (Here, list each asset, e.g. cash, stock and its fair market value.):

<u>Property Description</u>	<u>Fair Market Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

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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:

<u>Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

<u>Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

<u>Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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:

<u>Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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Deceased member's last name	First name	Middle initial
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Class 5: money and property received or held in trust by the decedent which cannot be identified or traced, as follows:

<u>Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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

<u>Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Class 7: all other claims, as follows:

<u>Name</u>	<u>Address</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- 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.

DO NOT COMPLETE #9. DOES NOT APPLY TO TRS BENEFIT.

- 9. (a) The names and places of residence of any surviving spouse, civil union partner, 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:

<b>Name and relationship</b>	<b>Place of residence</b>	<b>Age of minor child</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTINUED ON REVERSE SIDE

- (b) The award allowable to the surviving spouse or civil union partner 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 or civil union partner, 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.

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 admissible 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.

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Deceased member's last name	First name	Middle initial
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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.

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:** 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 person).

(Seal)

\_\_\_\_\_  
(Signature of notary public)

**The Small Estate Affidavit is not a Teachers' Retirement System (TRS) document and TRS is not authorized to provide any advice or assistance in completing this form. TRS is providing this form as set forth in the Illinois Compiled Statutes (755 ILCS 5/25-1). If you need assistance in completing the affidavit, please consult a personal attorney.**

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



2815 West Washington Street  
PO Box 19253  
Springfield, Illinois 62794-9253  
877-927-5877 (877-9-ASK-TRS)  
<http://www.trsil.org>

## Beneficiary Demographic Information

Deceased member's name		Deceased Member ID or Social Security Number	
Name of payee		Relationship to deceased	Payee's Social Security number (required)
Street address		City, state, ZIP	
Home telephone number (     )		Work telephone number (     )	Payee's date of birth
Applicant's signature			Date