

Small Estate Affidavit

Idaho Transportation Department



Vehicle Identification Number		Title Number	
Year	Make	Model	
Name of Deceased		Resident County of Decedent	
County and State Where Decedent Died			Date of Death

Under penalty of perjury, the undersigned claimant, being first duly sworn, hereby deposes and says:

1. I am over the age of eighteen (18) years, and qualify as a witness in the State of Idaho.
2. I am the successor of the decedent's estate.
3. The fair market value of the entire estate of the decedent, wherever located, which is subject to probate, less liens and encumbrances, does not exceed one hundred thousand dollars (\$100,000).
4. More than thirty (30) days has elapsed since the death of the decedent.
5. No application or petition for the appointment of a personal representative or for summary administration is pending or has been granted in any jurisdiction.
6. I am entitled to payment or delivery of the property of the decedent.

This affidavit is attached to and made part of the application for Idaho Certificate of Title to the above described vehicle. The claimant hereby agrees to warrant and defend said Title and to save harmless and defend regardless of outcome the Transportation Department of the State of Idaho from the expenses of and against all suits, actions, claims, losses, or assertion of claims including costs, expenses, and attorney fees to which the department may be subjected on account of any defect in the Title to the vehicle in question.

The undersigned claimant further certifies that all information contained in this affidavit is true and correct, and the signature below is his/her true and legal signature.

Signature X	Daytime Phone Number ()
Printed Name of Claimant	Relationship to Deceased
Address, City, State, Zip Code	

Subscribed and sworn before me this
 ____ day of _____, year ____
 County of _____, State of _____

SEAL

My Commission Expires _____
 Notary Public's or ITD
 Agent's Signature _____