



- 1) An executor or administrator appointed by the Probate Court may use this form to settle a decedent's estate that was opened as a full estate but has subsequently been determined to be eligible for settlement as a small estate under C.G.S. section 45a-273. This procedure may be used only if both of the following conditions are met: (a) the decedent had no solely owned real property and (b) the total value of all of the decedent's personal property at death did not exceed \$40,000.
- 2) The fiduciary may submit this affidavit as a substitute for the inventory, return of claims and final account to complete the administration of the estate. If assets exceed debts, the fiduciary must submit a schedule of distribution or proposed distribution listing the fiduciary acquisition value and market value of the assets for distribution.
- 3) If debts exceed assets, the fiduciary must also file a petition for a declaration of insolvency, PC-204.
- 4) For further information, see C.G.S. sections 45a-273 and Probate Court Rules of Procedure, sections 30.12 and 30.23.
- 5) Type or print the form in ink. Use Second Sheet, PC-180, or an additional sheet, if more space is needed.

District Number

Hereinafter referred to as the decedent.

### Position of Trust

1. The court granted:  
☐ A petition to probate the last will and testament of the decedent dated \_\_\_\_\_.  
☐ A petition for administration of the estate of the decedent.
2. The decedent died owning no real estate, other than survivorship real estate, if any, in the State of Connecticut. The value of the solely-owned personal property as of the date of death did not exceed \$40,000.
3. The decedent died owning the following solely owned assets:

### Date of Death Value

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4. The expenses and claims are as follows:

<b>Expenses and Claims</b>	<b>Creditor</b>	<b>Amount</b> (If already paid, state name of person who paid.)
<b>Funeral Expenses</b>		
<b>Administration Expenses</b> (For example, probate and attorneys' fees)		
<b>Claims Due for Last Sickness</b>		
<b>Taxes Due the State of Connecticut or the United States</b>		
<b>Other Claims</b>		
<b>Total from Continuation Pages</b>		
<b>Total of Expenses and Claims</b>		

This affidavit is submitted in lieu of the inventory return of claims final financial report or account required to complete the administration of a full estate.

WHEREFORE, the fiduciary requests the court to excuse the requirement of the above documents required to settle the estate and approve the affidavit in lieu of administration and the schedule of distribution or the proposed distribution to the beneficiaries of the estate, a copy of which is attached.

**The representations made in this affidavit are made under penalty of false statement.**

Signature of Fiduciary\_\_\_\_\_ Date\_\_\_\_\_

Signature of Fiduciary\_\_\_\_\_ Date\_\_\_\_\_



**CERTIFICATION**

I certify that a copy of this affidavit and schedule of distribution or proposed distribution, if any, was sent to the following persons as required by Probate Court Rules of Procedure, section 30.12:

**Name and Address**

Signature of Fiduciary or Attorney for Fiduciary	Date:
Type or Print Name	
Signature of Fiduciary or Attorney for Fiduciary	Date:
Type or Print Name	

