

Translation Workflow Test 1

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This is sample text for the resource description.

1. Fast facts

If you're on Medicaid, in Washington State called Apple Health (<https://www.hca.wa.gov/about-hca/programs-and-initiatives/apple-health-medicaid>), a medical provider usually can't bill you, or someone related to you, such as your family, a friend, or helper, for services. **Providers who take part in Apple Health must accept payment from the agency as payment in full**

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- A provider can't bill you for the cost of services over and above what Apple Health pays.
- A provider generally can't bill you for any service Apple Health covers even if the provider hasn't gotten payment from Apple Health or your managed care provider.

There are exceptions to these rules. This guide discusses the exceptions. If no exception applies to you, the provider can't bill you.

If the provider tries to bill you anyway, try using one of our form letters. And try to talk to a lawyer.

2. Forms

Here's how to fill out the forms below.

Form attached:

Small Estate Affidavit (NJP Planning 532)

A motion is any request you make to the judge while your case is in progress, before or after a trial. Get family forms to find the right motion forms for your situation.

For most motions, you must put all your requests and evidence in writing, schedule a hearing, file your papers with the court clerk, and serve the other party. You can file written statements (called declarations) from yourself and other people supporting your case. The other party can respond in writing.

This is different from a trial where witnesses must testify in person. The judge holds a trial to make a final decision on all issues in your case.

WashingtonLawHelp.org gives general information. It is not legal advice. Find organizations that provide free legal help on our Get legal help page.

State of Washington, County of _____

Estate of:

(Deceased)

Small Estate Affidavit

RCW 11.62.010

(No mandatory form)

Small Estate Affidavit

Use this form to claim personal property if the deceased's estate didn't go through probate.

Don't use this form if a court has appointed a personal representative for the estate or if you need to transfer real property (real estate).

Instructions

Step 1: Locate the property.

Step 2: Fill out this form. Use this form to claim the property. You might have to show a copy of the death certificate.

Step 3: Mail a copy of this form including the deceased's Social Security number, to the state of Washington, Department of Social and Health Services, Office of Financial Recovery, PO Box 9501, Olympia, WA 98507-9501.

I declare:

1. Claiming Successor (Heir)

My name is _____. My address is:

Street or mailing address *city* *state* *zip*

I am a claiming successor, as defined in RCW 11.62.010, of the Deceased.

I am the Deceased's (*check one*):

☐ Spouse. We were married on (*date*): _____.

☐ Registered domestic partner. We registered our domestic partnership on (*date*): _____.

☐ Parent

☐ Child

☐ Niece or nephew

☐ Grandchild

☐ Other: _____

(If you're claiming as a remote relative, you must provide a complete family tree showing your relationship to the deceased. The family tree should include names and dates of death for all relatives of the deceased.)

2. The Deceased

The deceased person's name was: _____. They were a resident of Washington state on the date of their death.

The Deceased died more than 40 days ago on (date of death): _____.
(Proof of death may be required. Attach a copy of the death certificate, if available.)

3. Did the Deceased leave a will?

☐ No.

☐ Yes. (If yes) **Was the will probated?**

☐ No. (Attach a copy of the will.)

☐ Yes. (Don't use this form. Instead, send a copy of the probated will and addresses for all heirs listed in the will to the Office of Financial Recovery.)

4. Value of the property

The value of the entire estate subject to probate, wherever located, less liens and encumbrances, doesn't exceed \$100,000.

5. Right to claim the property

✓ **No probate.** There is no application or petition for the appointment of a personal representative for this estate that is pending or has been granted in any jurisdiction.

✓ **Debts paid.** All debts of the decedent including funeral and burial expenses have been paid or provided for.

✓ **Successor.** I am a successor as defined in state law (RCW 11.62.005). I am entitled to claim the property (check all that apply):

☐ according to the terms and provisions of Deceased's last will and testament.

☐ according to the state law of intestate succession (RCW Title 11).

☐ because I am the Deceased's surviving spouse or domestic partner. The claimed property is my undivided one-half interest in the community property that I shared with the Deceased.

6. Exclusion

RCW 11.62.005(2)(b): Any person claiming to be a successor solely by reason of being a creditor of the decedent or of the decedent's estate shall be excluded from the definition of "successor". The exclusion doesn't apply to state representatives claiming estate recovery or escheat property.

☐ I'm not claiming to be a successor solely because I'm a creditor of the Deceased's estate.

7. Property

I am claiming the personal property described below. This property is subject to probate. *(Describe the property or portion of property you're claiming):*

8. Other successors *(check only one)*

☐ **None.** There are no other successors to any part of the Deceased's estate. I am the Deceased's sole heir.

☐ **Notice given.** I gave written notice of this claim to all other successors of the Deceased, identifying the property claimed. I gave this notice by personal service or mail at least 10 days ago.

☐ **Have only a partial claim** to the property described above. I am only claiming the part of the property that I am entitled to **and** I gave notice to all other successors of the Deceased, identifying the portion of the property claimed. I gave this notice by personal service or mail at least 10 days ago.

The other successors *(check only one)*:

☐ **Have no claim** to the property described above.

☐ **Gave me authority to make this claim.** Each other successor with an interest in the property described above has authorized me to claim it on their behalf. *(Attach proof of authorization. If you are using the Affidavit to claim property from OFM, you must include a notarized written statement signed by each successor and a copy of the successor's ID for all other successors who have an interest in the claimed property.)*

9. Scope of claim *(check only one)*

☐ **Full claim for myself.** I am a claiming successor and I am personally entitled as the sole heir to full payment or delivery of the property described above.

☐ **Full claim on behalf of other/s.** I am making this claim on behalf of an entitled successor or on behalf of all the other successors who are entitled to full payment or delivery of the property described above. *(Attach authorization, as described above.)*

- ☐ **Partial claim for myself.** I am an heir entitled to a portion of the property described above and am claiming only that portion.
- ☐ **Partial claim on behalf of other/s.** I am making this claim on behalf of an entitled successor or on behalf of all the other successors. The person/s I am making the claim for is entitled to a portion of the property described above. (*Attach authorization, as described above.*)

10. Family of the Deceased

a. Was the Deceased married or in a registered domestic partnership when they died?

- ☐ No.
- ☐ Married. The spouse's name is: _____.
- ☐ The spouse is still living.
- ☐ The spouse has died. The spouse's date of death is: _____.
- ☐ Registered Domestic Partnership. The partner's name is: _____.
- ☐ The partner is still living.
- ☐ The partner has died. The partner's date of death is: _____.

b. Did the Deceased have children?

- ☐ No.
- ☐ Yes. The children's names are (*list the children's full names, include date of death if deceased*):

c. Are any of the Deceased's parents alive?

- ☐ No.
- ☐ Yes. The living parent/s names are:

d. Did the deceased have siblings?

- ☐ No.
- ☐ Yes. The sibling's names are (*list full names, include date of death if deceased*):

Claimant fills out below:

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): _____ Date: _____



Claimant signs here (in front of a notary)

Print name here

Notarization

State of Washington

County of _____

Signed or attested before me on (*date*) _____

by (*Claimant's name*) _____.



Signature of Notary

Notary Public for the State of Washington.

My commission expires _____.