REVISED GENERAL INFORMATION
ABOUT THE ALABAMA SMALL ESTATES ACT
AND SUMMARY DISTRIBUTION

Ala. Code §§ 43-2-690, et seq. (1975)

WHAT IS THE "ALABAMA SMALL ESTATES ACT"?

- This Act was passed in 1979 and revised in 2024.
- The Act provides a method, through a court proceeding, to distribute personal property only of a deceased person in a summary distribution manner to a surviving spouse, or appropriate distributees of the decedent, without full probate administration.

WHAT ARE THE VALUE LIMITS FOR SUMMARY DISTRIBUTION UNDER THIS ACT?

- The value of the entire decedent's estate (personal property) shall not exceed the sum as adjusted from time to time based on the Consumer Price Index formula set forth in §43-8-116 of the homestead allowance under §43-8-110, exempt property under §43-8-111, and the family allowance under §§43-8-112 and 43-8-113.

WHAT IS REQUIRED TO INITIATE A SUMMARY DISTRIBUTION UNDER THE "REVISED SMALL ESTATE ACT" IN MONTGOMERY COUNTY?

A person, or a person duly authorized to act for the person, entitled to an interest in a small estate under this division may initiate a proceeding for summary distribution of the estate by filing a verified petition in the office of the judge of probate of the county in which the decedent was domiciled at death. No bond shall be required to be filed with the petition. If the decedent died with a self-proved will, the self-proved will shall be filed with the petition.

The petition for summary distribution shall provide the following information and alleges the following conditions:

1. The decedent died domiciled in this state and was domiciled in the county in which the petition is filed.
2. The decedent's estate is a small estate.
3. A description of the personal property constituting the decedent's estate and the value.
4. No petition for the appointment of a personal representative is pending nor has one been granted.
5. The name, address, age, capacity, and relationship to the decedent of: (i.) the petitioner; (ii.) each person who would be entitled to an interest in the decedent's estate under the laws of descent and distribution of this state; and (iii.) each person entitled to an interest in the decedent's estate under any will of the decedent filed with the petition.
6. If the decedent was survived by a spouse, that the decedent's surviving spouse is entitled to the decedent's estate.
7. If the decedent died without a surviving spouse and without a self-proved will that does not dispose of all of the small estate, the names of the persons who are entitled to the decedent's estate under the descent and distribution statutes of this state and their respective shares.
8. If the decedent died with a will.
9. If the decedent died with no surviving spouse and with a self-proved will, the names of the persons who are entitled under the self-proved will to a share or interest in the decedent's

estate and their respective shares or interests.

10. All funeral expenses of the decedent have been paid or arrangements for the payment out of the estate of the decedent of all unpaid funeral expenses have been made by or on behalf of the petitioner.
11. All claims against the decedent's estate have been paid or arrangements for the payment out of the estate of the decedent have been made by the petitioner.
12. At least 30 days have elapsed since the notice of the filing of the petition was published as hereinafter provided.
13. Notice of the filing of a petition for a summary distribution under this division shall be published once in a newspaper of general circulation in the county in which the decedent was domiciled, or if there is no newspaper of general circulation in the county, then notice thereof shall be posted at the county courthouse for one week.

NOTE:

By Law, the Probate Court and its staff are not permitted to give legal advice or provide any forms. If you are seeking action under the "Alabama Small Estates Act" and the summary distribution procedures, it is suggested that you obtain the assistance of an attorney to prepare and file the necessary paperwork with the Probate Court and provide representation generally for this proceeding.

THIS INFORMATION PAGE, WHICH IS BASED ON ALABAMA LAW, IS TO INFORM AND NOT TO ADVISE. NO PERSON SHOULD EVER APPLY OR INTERPRET ANY LAW WITHOUT THE AID OF A LAWYER WHO ANALYZES THE FACTS, BECAUSE THE FACTS MAY CHANGE THE APPLICATION OF THE LAW.

If you need a referral for an attorney, you may contact the Alabama State Bar Association at (800)392-5660 or 334-269-1515.

NOTICE FROM PROBATE COURT

Re: Small Estate/Summary Distribution Valuation Up-Date

Pursuant to Ala. Code §43-2-692(b)(1), the State Finance Director issue the established limits for the administration of small estates in response to adjustments in the Consumer Price Index. The figures provided to the Probate Court are as follows:

For 2010 $25,410
For 2011 $25,791
For 2012 $26,616
For 2013 $27,175
For 2014 $27,583
For 2015 $28,024
For 2016 $28,052
For 2017 $28,417
For 2018 $29,014
For 2019 $29,710
For 2020 $30,245
For 2021 $30,608
For 2022 $32,047
For 2023 $34,611
For 2024 $36,030
For 2025 $37,075

Revised 1/26/2026

"Because the CPI-U for a calendar year is not published until January of the succeeding year, the adjustment provided will reflect the change for the previous calendar year, but will be effective for twelve months beginning the following March 1. For example, the value of $37,075 established for 2025 will be used for the period March 1, 2025 through February 28, 2026.

IN THE PROBATE COURT OF
MONTGOMERY COUNTY, ALABAMA

IN THE MATTER OF	§	
THE ESTATE OF	§	
_____,	§	
DECEASED:	§	**CASE NO.** _____-_____

PETITION FOR SUMMARY DISTRIBUTION OF SMALL ESTATE (TESTATE)

COMES NOW, the Petitioner(s), _____,
{Name}
_____, and shows the Court the following:
{Relationship}

1. That the Decedent departed this life on the _____ day of _____, _____, and was a resident of Montgomery County, Alabama and a certified copy of death certificate is attached hereto.

2. A document purporting to be the Last Will and Testament of _____ is attached hereto to be filed with the Montgomery County Judge of Probate.

3. That said Decedent left an estate consisting of personal property only, the value of the entire estate does not exceed the Summary Distribution Valuation Amount as annually adjusted by the State Finance Director. **Personal property is listed below with value.**

_____
_____
_____

4. That no petition for the appointment of a personal representative of the Decedent is pending or has been granted.

5. The devisee entitled to take under any testamentary disposition of the decedent is as follows:

Name	Age	Relationship	Address
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

6. Said heir is over the age of nineteen (19) years and of sound mind.

7. All claims against the decedent's estate have been paid or arrangements for the payment out of the estate of the decedent have been made by the surviving spouse or other distributee.

8. All funeral expenses of the decedent have been paid, or alternately, that arrangements for the payment out of the estate of the decedent of all unpaid funeral expenses have been made by the surviving spouse or other distributee.

WHEREFORE, the premises considered, your Petitioner prays this Court will give notice of the filing of this Petition as required by **§43-2-692** of the **Code of Alabama** and upon the lapse of thirty (30) days from the first date that notice of such filing is published, and will enter Order for Summary Distribution pursuant to the Last Will and Testament of the Decedent and be distributed to each devisee entitled to take under any testamentary disposition of the decedent.

STATE OF _____
_____**COUNTY**

_____, the **Petitioner(s)**, being duly sworn deposes and says that the facts averred in the above petition are true, according to the best of his (her) knowledge, information and belief.

Petitioner's Signature: _____ Petitioner's Signature: _____
Address: _____ Address: _____
_____ _____
Phone: _____ Phone: _____

I, the undersigned, _____, **Notary Public**, in and for said County in said State, hereby certify that _____, the **Petitioner** whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, executed the same voluntarily on the day of the same bears date.

Given under my hand an Official seal this _____ day of _____, _____.

(SEAL)

_____
Notary Public

Attorney for Petitioner(s): _____
Address: _____
_____
Phone: _____

Revised 1/26/2026

IN THE PROBATE COURT OF
MONTGOMERY COUNTY, ALABAMA

IN THE MATTER OF	**§**	
THE ESTATE OF	**§**	
_____,	**§**	
DECEASED:	**§**	**CASE NO. _____-_____**

PETITION FOR SUMMARY DISTRIBUTION OF SMALL ESTATE (INTESTATE)

COMES NOW, the Petitioner(s), _____,
{Names}
_____and shows unto the Court the following:
{Relationship}

1. That the Decedent died intestate on the _____ day of _____, _____, and was a resident of Montgomery County, Alabama and a certified copy of death certificate is attached hereto.

2. That said Decedent left an estate consisting of personal property only, the total value of the entire estate does not exceed the Summary Distribution Valuation Amount as annually adjusted by the State Finance Director. **Personal property is listed below with value.**

_____
_____
_____

3. That no petition for the appointment of a personal representative of the Decedent is pending or has been granted.

4. That the surviving spouse, child, or other distributee who is entitled to take under Alabama's descent and distribution laws are as follows: (Attach additional list if needed.)

Name	Age	Relationship	Address
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____
_____	___	_____	_____

5. Said heirs are all over the age of nineteen (19) years and of sound mind.

6. All claims against the decedent's estate have been paid or arrangements for the payment out of the estate of the decedent have been made by the surviving spouse or other distributee.

7. All funeral expenses of the decedent have been paid, or alternately, that arrangements for the payment out of the estate of the decedent of all unpaid funeral expenses have been made by the surviving spouse or other distributee.

WHEREFORE, the premises considered, your Petitioner(s) pray that proper notice be published in a newspaper of general circulation, pursuant to the provisions of **§43-2-692** of the **Code of Alabama,** as amended of the Small Estates Act of Alabama and upon the lapse of thirty (30) days from the first date that notice of such filing is published, and pursuant to said Act, that the Court will enter Order for Summary Distribution of the remaining assets of the decedent's estate, according to the determination of awards due under the Alabama descent and distribution statutes and make delivery of such assets of the estate to those persons properly entitled thereto.

STATE OF _____
_____**COUNTY**

_____, the **Petitioner(s),** being duly sworn deposes and says that the facts averred in the above petition are true, according to the best of their knowledge, information and belief.

Petitioner's Signature: _____ Petitioner's Signature: _____
Address: _____ Address: _____
_____ _____
Phone: _____ Phone: _____

I, the undersigned, _____, **Notary Public,** in and for said County in said State, hereby certify that _____, the **Petitioner** whose names are signed to the foregoing instrument, and who are known to me, acknowledged before me on this day that, being informed of the contents of the instrument, executed the same voluntarily on the day of the same bears date.

Given under my hand an Official seal this _____ day of _____, _____.

(SEAL)

_____
Notary Public

Attorney for Petitioner(s): _____
Address: _____
_____
Phone: _____

Revised 1/26/2026

J C LOVE, III
PROBATE JUDGE
MONTGOMERY COUNTY

Notice of Alabama Act 2019-489

TO WHOM IT MAY CONCERN:

As of September 1, 2019, the Alabama Medicaid Agency (Medicaid) must receive notice of all post-death probate estates. The personal representative, or the person filing an action under §43-2-690, the Alabama Small Estates Act, (Petition for Summary Distribution) is responsible for sending the notice. The notice must contain the information listed in section 1, paragraph (a) of said Act. The personal representative, or person filing the small estate, must mail the notice by United States Postal Service Certified Mail, return receipt requested, and file an affidavit of certified mailing with this Court.

Medicaid has created instructions and sample forms that can be used to provide notice, which are attached hereto, along with a sample of a properly completed return receipt. In addition, these forms can be found on the Court's website at: www.mc-ala.org/probate.

To see a complete copy of this new act, go to: https://legiscan.com, then choose: Alabama, SB76, then click on "Text: Latest Bill text (Enrolled) PDF."

The filing fee to file the Notice of Probate and the Affidavit of Certified Mailing of Notice of Probate for Montgomery County, Alabama, is $7.50. If you have questions about the filing fee, please contact the Probate Court at (334) 832-1244.

If you have any questions about this new law or the attached forms, please contact Alabama Medicaid Agency, Estate Notice Office at (334) 242-4097.

INSTRUCTIONS – NOTICE OF PROBATE

This packet applies to every post-death estate.

Alabama law (Act 2019-489) requires the personal representative or person filing the small estate case to provide notice of the estate to the Alabama Medicaid Agency. Please follow the instructions below to provide the notice.

1. Fill out the "Notice of Probate" form.

2. Make a copy of the form.

3. Fill out a United States Postal Service Return Receipt (green card). The Return Receipt (green card) is available at the post office.

   A. In the box labeled, "1. Article Addressed to:" write.

   Alabama Medicaid Agency
   Attn: Estate Notice Office
   P.O. Box 5624
   Montgomery, AL 36103-5624

   B. Write the probate case number in the box labeled, "1. Article Addressed to:".

   C. In the box labeled "3. Service Type" select "Certified Mail®" and "Return Receipt for Merchandise."

   D. On the back of the Return Receipt, write the probate court address in the box labeled "Sender". Write the probate court address in this box so the Return Receipt is returned to the probate court.

4. Mail the original "Notice of Probate" to the Alabama Medicaid Agency at the address in step 3.A. Make sure the Return Receipt is attached to the envelope and proper postage is paid.

5. Fill out the "Affidavit of Certified Mailing." Write the Certified Mail tracking number and the copy of the "Notice of Probate" form.

6. File the "Affidavit of Certified Mailing" with the probate court with a copy of the "Notice of Probate" attached.

NOTICE OF PROBATE

INFORMATION ABOUT THE DECEASED PERSON		
Full Legal Name		
Date of Birth	Date of Death	Social Security Number
Marital Status ☐ Married ☐ Divorced ☐ Widow/Widower ☐ Single		

INFORMATION ABOUT THE SPOUSE OF THE DECEASED PERSON (complete even if marital status is "Divorced" or "Widow/Widower")	
Spouse's (former spouse's) Full Legal Name	
Spouse's (former spouse's) Address	Spouse's (former spouse's) Phone Number

INFORMATION ABOUT THE PROBATE COURT CASE	
County Where the Case was Filed **Montgomery**	Probate Case Number
Type of Probate Case	Date Petition Filed or Letters Granted

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM	
Full Legal Name	Phone Number
Address	

IN THE PROBATE COURT OF MONTGOMERY COUNTY, ALABAMA

IN RE: THE ESTATE OF	)	
_____	)	**CASE NO.: _____ - _____**
(name of the deceased)	)	
DECEASED,	)	

AFFIDAVIT OF CERTIFIED MAILING OF NOTICE OF PROBATE

I, _____ (name), do say and verify that on _____ (date) I personally mailed the attached Notice of Probate by United States Postal Service Certified Mail, return receipt requested. The Notice of Probate was mailed to the following address:

Alabama Medicaid Agency
ATTN: Estate Notice Office
P.O. Box 5624
Montgomery, AL 36103-5624

The certified mail tracking number is: _____. I have attached a copy of the Notice of Probate to this affidavit.

_____
(signature)

_____
(printed name)

STATE OF ALABAMA)
)
_____ COUNTY)

I, _____, a notary, hereby certify that _____, whose name is signed to the foregoing Affidavit of Certified Mailing of Notice of Probate, and who is known to me, acknowledged before me on this day that he/she affirms that the statements above are true and correct.

Given under my hand on this the _____ day of _____, 20___.

_____
(seal) Notary Public