

# Affidavit of Distributee for Transfer of Wyoming Certificate of Title

Wyoming State Statute §2-1-201

A separate affidavit for each vehicle is required.

I, \_\_\_\_\_, being first duly sworn and upon my oath, state the following:

1. That the decedent, \_\_\_\_\_ died on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_;

2. That the name(s) of the distributees entitled to payment or delivery of decedent's property is/are:

Name(s)	Relationship:
_____	_____
_____	_____

3. That the decedent's property to be distributed is as follows:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Vin #: \_\_\_\_\_

4. That the value of the entire estate located in Wyoming, less liens and encumbrances, does not exceed two hundred thousand dollars (\$200,000.00);

5. That more than thirty (30) days have elapsed since the date of the decedent's death;

6. That the above-named distributee(s) is/are entitled to payment or delivery of the decedent's property and there are no other distributees of the decedent having a right to succeed to the property under probate proceedings.

7. That no application for appointment of a personal representative is pending or has been granted in any jurisdiction within this state;

8. If an application for appointment of a personal representative has been made in a jurisdiction outside of Wyoming, please provide:

- a. Personal representative's name: \_\_\_\_\_
- b. Personal representative's address: \_\_\_\_\_
- c. Date of application: \_\_\_\_\_
- d. Date of appointment (*If Applicable*): \_\_\_\_\_
- e. Title of the proceedings: \_\_\_\_\_
- f. Court and jurisdiction where application was made: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

X \_\_\_\_\_  
Affiant

*Note: The staff of the Albany County Clerk's Office are not allowed to give legal advice. If you are in need of legal advice, please contact an attorney.*

State of \_\_\_\_\_)  
County of \_\_\_\_\_)

Subscribed and sworn to (or affirmed) before me by \_\_\_\_\_  
on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Witness my hand and official seal.

SEAL

X \_\_\_\_\_  
Notary Public or Deputy County Clerk

My Commission Expires: \_\_\_\_\_

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