

AFFIDAVIT OF HEIRSHIP

For _____, Deceased

STATE OF _____ }
 COUNTY OF _____ } §

I, _____, residing at _____
(Name of Affiant) (Address)
 being first duly sworn, on oath deposes and says that the answers and other statements hereinafter set out are true and correct.

1. How long and how well were you acquainted with decedent: _____
2. If related to decedent, state in what way: _____
3. When and where did the decedent die: _____
4. Where was the decedent's permanent residence at the time of his/her death:

5. How many times was decedent married: _____
6. Name and address of surviving spouse (if any) _____
 residing at _____
7. If decedent was ever married, provide the following information regarding the spouse or spouses:

<u>DATE OF MARRIAGE</u>	<u>NAME OF SPOUSE</u>	<u>MARRIAGE TERMINATED BY DEATH OR DIVORCE</u>	<u>DATE</u>	<u>ADDRESS (IF LIVING)</u>	<u>IF DEAD, DID SUCH SPOUSE LEAVE WILL?</u>

8. Did decedent leave a Will: _____ If so, was it probated _____
 If the Will was probated, list all counties and states in which it was probated and give the name of the Executor or Administrator _____

9. If the decedent did not leave a Will, was any administration had on decedent's estate: _____
 If so, list all counties and states in which administration was had and give the name and address of the Executor: _____

10. List all of the children born to and adopted by the decedent, whether **living** or **dead**, and provide all information listed on this table. Any adopted children should be designated as such. If decedent had no children, please state "none":

<u>NAME OF CHILD (NOTE IF ADOPTED)</u>	<u>NAME OF CHILD'S OTHER PARENT</u>	<u>BIRTH DATE</u>	<u>ADDRESS</u>	<u>LIVING OR DEAD (IF DEAD, LIST DATE)</u>

11. If a deceased child of the decedent is listed in Section 10, please list their descendants (or children), whether natural or adopted. If he/she had no descendants, please state "none".

<u>NAME OF DECEASED CHILD</u>	<u>DECEASED CHILD'S CHILDREN</u>	<u>BIRTH DATE</u>	<u>ADDRESS</u>	<u>LIVING OR DEAD (IF DEAD, GIVE DATE)</u>

12. If decedent left no surviving child or descendent of a child, then list the decedent's parents, brothers and sisters and give information called for in the following tables. If half brothers or sisters, state whether maternal or paternal.

	<u>NAME</u>	<u>ADDRESS</u>	<u>HALF BROTHER OR SISTER (LIST MATERNAL OR PATERNAL)</u>	<u>LIVING OR DEAD (IF DEAD, GIVE DATE)</u>
FATHER				
MOTHER				
BROTHER				
BROTHER				
BROTHER				
SISTER				
SISTER				
SISTER				

13. List descendants (or children) of deceased brothers and sisters. If none, state "none".

<u>NAME OF DECEASED BROTHER OR SISTER</u>	<u>DECEASED BROTHER OR SISTER'S CHILDREN</u>	<u>ADDRESS</u>	<u>BIRTH DATE</u>	<u>LIVING OR DEAD (IF DEAD, GIVE DATE)</u>

14. List the Decedent's Maternal Grandparents (Mother's parents):

GRANDFATHER'S NAME:	DATE OF DEATH:
GRANDMOTHER'S MAIDEN NAME:	DATE OF DEATH:
MARRIED: YES NO DATE:	WHERE:
DIVORCED: YES NO DATE:	WHERE:

15. List the Decedent's Paternal Grandparents (Father's parents):

GRANDFATHER'S NAME:	DATE OF DEATH:
GRANDMOTHER'S MAIDEN NAME:	DATE OF DEATH:
MARRIED: YES NO DATE:	WHERE:
DIVORCED: YES NO DATE:	WHERE:

(Signature of Affiant)

Subscribed and sworn to before me this ____ day of _____, 20____

Notary Public in and for

County, _____

My Commission Expires:_____