

HEIRSHIP AFFIDAVIT

Heirship of _____, Deceased

State of _____)
) ss.
 County of _____)

(NOTE: If the answer to any of the following questions is "none" or "not applicable", the answer should be so stated.)

ALL ANSWERS SHOULD BE AS OF THE DATE OF DEATH OF THE DECEASED PERSON

I, _____, the Affiant, of lawful age, being first duly sworn, upon oath, deposes and states as follows:

Affiant was personally well acquainted with the above named deceased person (the "Decedent"), during his/her lifetime, having known Decedent for _____ years, and that Affiant bears the following relationship to the Decedent: _____.

Affiant further states that the Decedent departed this life at _____, in _____ County, State of _____, on or about the _____ day of _____, being _____ years old on the date of death.

Affiant was well acquainted with the family and near relatives of the Decedent and that the following statements and the answers to the following questions are based upon the personal knowledge of Affiant and are true and correct:

QUESTION 1 — Did the Decedent leave a will? ANSWER _____. If yes, a copy of the will should be returned with this affidavit.

QUESTION 2 — Is the Decedent's estate being administered through court proceedings? ANSWER _____. If yes, a copy of the personal representative's letters of office and, if applicable, a copy of the order admitting will to probate should be returned with this affidavit.

QUESTION 3 — Give the name and address of the surviving spouse of the Decedent.
 ANSWER: Name _____ Address _____

QUESTION 4 — State the names and addresses of all children who survived the Decedent, together with the other information requested:

NAME OF CHILD	DATE OF BIRTH	NAME OF SPOUSE	ADDRESS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

QUESTION 5 — State the names of all **children who predeceased** the Decedent, together with the other information requested.

	NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING SPOUSE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

QUESTION 6 — State the names of all **children of any predeceased child** of the Decedent, together with the other information requested:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS	NAME OF FATHER AND MOTHER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

QUESTION 7 — Did the Decedent have any adopted children? ANSWER _____. If yes, state the name, age, and address of any adopted children. _____

QUESTION 8 — If the Decedent left no descendants (children, grandchildren, great-grandchildren, etc.) then give below the names of the **surviving father, mother, brothers, sisters, and children of deceased brothers or sisters**, together with the other information requested:

	NAME	RELATIONSHIP	AGE	ADDRESS IF LIVING OR DATE OF DEATH IF DECEASED	PARENTS NAME
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

QUESTION 9 — Did the Decedent leave any unpaid debts? ANSWER _____. If yes, state the approximate amount of such debts and whether or not the debts have been paid since the date of death. _____

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 2_____.

Notary Public

My Commission Expires: _____