AFFIDAVIT OF HEIRSHIP

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared ______ (name of signer), hereinafter referred to as "Affiant," who is personally known to me, and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:

 1. My name is _______, and my address is ______.

 i. My name is _______, and my address is ______.

 i. I am personally familiar

 with the family and marital history of _______.

 personal knowledge of the facts stated in this affidavit.

2. I was personally well acquainted with the Decedent during his/her lifetime.

- 3. The Decedent died on ______ at the following place of death: _______. At the time of Decedent's death, _______. Decedent's residence address was ______.
- 4. I was well acquainted with the family and near relatives of the Decedent, and with all those who would, under the laws of the State of ______, be his/her heirs. The following statements and the information contained herein, including my answers to the questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1: Did the Decedent leave a will?

YES \Box NO \Box IF YES, please attach a copy of same hereto.

QUESTION 2: If the Decedent left a will, has the will been admitted to probate?

YES \Box NO \Box IF YES, at what place and when?

Court and County:

QUESTION 3: Give the name and address of the surviving widow or widower of the Decedent:

Widow(er)'s name: _____

QUESTION 4: If the Decedent was married more than once, give the name(s) of the former spouse(s) and other information.

, marriage ended by divorce/death (select one);

_____, marriage ended by divorce/death (select one).



QUESTION 5: Give the names and places of residence of all surviving children of the Decedent, together with the other information called for:

NAME OF CHILD	AGE, IF MINOR	PLACE OF RESIDENCE	

QUESTION 6: Give the name of any deceased children of the Decedent, together with the other information called for:

QUESTION 7: Give the names and addresses of the children of any deceased son or daughter of the Decedent:

QUESTION 8: Did the Decedent have any adopted children or step-children taken into his/her home?

 $YES \Box \qquad NO \Box$

QUESTION 9: If the Decedent left no children or grandchildren, then give the names and addresses of the Decedent's surviving father, mother, and all brothers and sisters:

QUESTION 10: If the Decedent left no children, grandchildren, spouse, mother, father, brother, or sister, state all other known surviving relatives, including grandparents, aunts, uncles, nieces, and nephews:



QUESTION 11: What is your relationship to the Decedent?

QUESTION 12: How long have you known the Decedent?

(signature)

(printed name)



STATE OF _____

COUNTY OF _____

_____, of lawful age, being first duly sworn, upon his/her oath states that the information given in the above and foregoing affidavit is true to the personal knowledge of this Affiant.

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

Notary Public

My Commission Expires: _____

