



*Lynn Fitch*  
 STATE TREASURER  
 UNCLAIMED PROPERTY

**Affidavit of Death and Heirship**

\_\_\_\_\_  
 Decedent's name

**Indicate N/ A (Not Applicable) for any item that does not apply. SIGN IN THE PRESENCE OF A NOTARY PUBLIC.**

I, \_\_\_\_\_, of lawful age and under oath and penalty of fraud and perjury, hereby certify that all statements herein are true and correct, based on my knowledge of the above named decedent. If the State makes payment based on the information herein, I will indemnify and hold harmless the State, its officers and employees, from any other valid claims to unclaimed property.

That I was personally well acquainted with the decedent for \_\_\_\_ years and my relationship with the decedent was that of \_\_\_\_\_. That said decedent departed this life in the city of \_\_\_\_\_, county/parish of \_\_\_\_\_, in the state of \_\_\_\_\_, on or about \_\_\_\_\_, 20\_\_\_\_.

1. Did the decedent leave a Will?  Yes  No   
 If yes, was the will admitted to probate?  Yes  No   
 If yes, where and when? \_\_\_\_\_

2. Was an administrator or executor appointed for the estate?  Yes  No   
 If yes, give the name and address of administrator/executor. \_\_\_\_\_

If yes, have the estate proceedings been closed?  Yes  No

3. List each person to whom the decedent was married during his/her lifetime.

Name of Spouse	Date of Marriage	Address or Date of Death	If Divorced Give Date
_____	_____	_____	_____
_____	_____	_____	_____

4. List each child born to the decedent during his/her lifetime, including illegitimate children.

Name of Child	Date of Birth	Address or Date of Death	Name of Other Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. List all adopted children of the decedent.

Name of Child	Date of Birth	Address or Date of Death	Name of Other Parent

6. List all children of any deceased son or daughter of the decedent, including adopted children.

Name of Grandchild	Date of Birth	Address or Date of Death	Name of Child's Parents

**NOTE:** IF THE DECEDENT LEFT SURVIVING CHILDREN OR GRANDCHILDREN, DO NOT COMPLETE QUESTIONS 7 THROUGH 10 BELOW.

7. Give the name of the decedent's father and address, if living, or list date and place of death.

\_\_\_\_\_

8. List each of the decedent's father's children.

Name of Father's Child	Date of Birth	Address or Date of Death	Name of Child's Spouse

9. Give the name of the decedent's mother and address, if living, or list date and place of death.

\_\_\_\_\_

10. List each of the decedent's mother's children.

Name of Mother's Child	Date of Birth	Address or Date of Death	Name of Child's Spouse

\_\_\_\_\_  
Signature of Person Making Affidavit

State of \_\_\_\_\_ County of \_\_\_\_\_ City of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

Notary Public