

AFFIDAVIT OF HEIRSHIP

Deceased

PROPERTY INVOLVED:

Lease No. _____
County _____

Owner No. _____
State _____

I, _____, residing at _____
_____ being first duly sworn, on oath, deposes and say
that the answers and other statements hereinafter set out are true and correct.

01. How long and how well were you acquainted with decedent? _____

02. If related to decedent, state in what way? _____

03. When and where did decedent die?

04. How old was decedent at time of death? _____

05. As far as you know, was decedent of sound mind at time of death and during his/her entire life? _____

06. Was decedent married or single at time of death? _____
If married, give name of surviving husband or wife: _____

07. Is such wife or husband living? _____ If living, give address:

08. How many times was decedent married? _____ If married more than once, give names of prior spouses,
indicating whether marriage was terminated by death or divorce, and giving date of termination of marriage and address
of each former spouse now living.

Name of Former Spouse	Marriage Terminated By Death Or Divorce	Date of Termination	Address If Living

09. Did decedent leave a will? _____

10. Was will probated or other administration had on decedent's estate? _____
If so, give county and state of such proceedings: _____, _____

11. To your knowledge, are there any debts still owing by decedent's estate? _____
If so, will decedent's personal estate be sufficient, in your opinion, to pay such debts?

12. Provide the information called for in the following table with reference to all children, whether living or dead,
born to decedent, designate adopted child or children:

Name of Child's Other Parent	Name of Child	Birth Date	Address	Living or Deceased	If deceased, Give Date

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13. Provide information called for in the following table concerning descendents of any deceased child (whether natural, or adopted). If no descendents, so state.

Name Of Deceased Child	Descendents	Birth Date	Address	Living Or Deceased	If Deceased, Give Date

14. If decedent left no surviving spouse or child or descendents of a child, then list names of decedent's parents and brothers and/or sisters and give information called for in the following tables. If half brother or sister, state whether maternal or paternal.

	Name	Age	Address	Living Or Deceased	If Deceased, Give Date
Father					
Mother					
Brother(s)					
Sister(s)					

15. Descendents of deceased brother(s) and/or sister(s). If none, so state.

Name Of Deceased Brother(s) Or Sister(s)	Descendents	Age	Address	Living Or Deceased	If Deceased Give Date

16. If decedent left no children or their descendents, father or mother, brother(s) and/or sister(s), or their descendents, then give the information called for in the following tables.

	Name	Age	Address	Living or Deceased	If Deceased Give Date
Paternal Grandfather					

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Paternal Grandmother					
Maternal Grandfather					
Maternal Grandmother					

Name	Uncle Or Aunt	Age	Paternal Or Maternal	Address	Living Or Deceased	If Deceased, Give Date

Name Of Deceased Uncle Or Aunt	Descendents	Age	Address	Living Or Deceased	If Deceased, Give Date

(SIGNATURE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY

OF _____, 20____

(NOTARY PUBLIC)

MY COMMISSION EXPIRES
