

AFFIDAVIT OF HEIRSHIP

STATE OF _____

COUNTY OF _____

_____ (“Affiant”), whose address is _____, being of lawful age and being duly sworn, on oath deposes and says that (s) he was well acquainted with _____ (“Decedent”) and that the following answers and statements are based on Affiant’s personal knowledge and are true, correct and complete to the best of Affiant’s knowledge and belief:

SOURCE OF AFFIANT’S KNOWLEDGE:

How long did you know Decedent? _____

What was your relationship to Decedent? _____

DECEDENT’S DEATH:

Decedent died at the age of _____ on _____, _____, in (city) _____, State of _____.

ADMINISTRATION OF DECEDENT’S ESTATE:

Did Decedent leave a Will? _____

If so, has it been probated? _____, Where? _____

If no will has been probated, has there been any other administration proceeding to Decedent’s estate? _____

Are there any debts still owed by Decedent’s estate _____ and will the estate be able, in your opinion, to pay them? _____

DECEDENT’S MARITAL STATUS:

Had Decedent ever been married? _____

If Decedent was ever married, Please fill in the following table for each marriage:

<u>Name of Spouse</u>	<u>Nature of Termination</u> (if applicable, i.e. death or divorce, blank if not terminated)	<u>Date Marriage</u> <u>Terminated (if applicable)</u>	<u>Present Address or</u> <u>Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____

DECEDENT’S CHILDREN:

What was the total number of Decedent’s children, both born to Decedent and adopted? _____

Please fill in the following table for all children of Decedent, whether living or dead, born to Decedent or adopted (**must list all children regardless if address is known or unknown. If deceased, list all deceased child’s surviving children. Can add addendum if necessary to list all names**):

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Name of Child’s Other Parent</u>	<u>Present Address or Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECEDENT’S OTHER RELATIVES: (needed only if no surviving spouse, children or grandchildren)

If Decedent left no surviving spouse, children or grandchildren, please give the names of Decedent’s father, mother, brothers and sisters, or *if none*, please give the name of any surviving relatives:

<u>Name of Relative</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Present Address</u>
_____	_____	_____	_____
_____	_____	_____	_____

SUBSCRIBED AND SWORN TO THIS _____ DAY OF _____, 20_____

AFFIANT’S SIGNATURE

PRINTED NAME

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on this _____ day of _____, 20____, by _____.

My Commission Expires: _____

Notary Public in and for _____
County/Parish, State of _____