



7. The legal description of the decedent's homestead is: Lot \_\_\_\_\_ Block \_\_\_\_\_

Subdivision \_\_\_\_\_

Physical Address \_\_\_\_\_

**\* Chapter 205 of the Texas Estates Code does not affect the disposition of property under the terms of a Will or other testamentary document, nor does it transfer title to real property other than the Decedent's homestead.**

8. That all the known liabilities of the decedent's estate are as follows:

Description of Liabilities / Debts	Account Number	Indicate Community or Separate	Balance Due
<i>Example: Capital One Credit Card</i>	<i>Act # 123456789</i>	<i>Separate</i>	<i>\$4,000</i>

9. That the names, addresses, and telephone numbers of all distributees, and their right to receive money or property or to have such evidences of money, property or other rights, to the extent that the assets, exclusive of homestead and exempt property, exceed the known liabilities of the estate are as follows:

Names, addresses, and phone numbers of distributees (Inheritors)	Capacity in which claim is made	Portion of estate to which entitled (To be completed by court)	
		Community Share	Separate Share
<i>Example: John Doe ● 1000 Main St. ● Houston, Texas 77000 (713) 755-6425</i>	<i>Son</i>		

10. Wherefore the distributees of the estate pray that the court enter an order and approve the distribution of that part of the estate to which each distributees is entitled without awaiting the appointment of a personal representative.

<b>Signatures of Distributees (Inheritors)</b>	

<b>Before me, the undersigned authority, on this day personally appeared: <i>Print names of distributees (Inheritors)</i></b>	

who being by me duly sworn upon oath states that the foregoing affidavit is true and correct in every respect. Sworn and subscribed to by the named distributees on: \_\_\_\_\_.  
(Date)

\_\_\_\_\_  
Notary Public in and for the State of Texas

**HEIRSHIP AFFIDAVIT**

*To be filled out and signed by two disinterested witnesses.*

**NOTE: A disinterested witness is someone who does not inherit from the decedent.**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
(First Disinterested Witness)

and \_\_\_\_\_, who being first by me duly sworn on oath state:  
(Second Disinterested Witness)

**I. Witness Information**

I, \_\_\_\_\_, reside at \_\_\_\_\_  
(First Disinterested Witness) (Address)  
\_\_\_\_\_, \_\_\_\_\_ County, \_\_\_\_\_. I am  
(City) (County) (State)

personally acquainted with the family history and facts of heirship of \_\_\_\_\_,  
(Name of Deceased)

deceased, hereinafter called "Decedent" who was my \_\_\_\_\_, I knew Decedent for \_\_\_\_\_ years.  
(Relationship to Decedent)

I, \_\_\_\_\_, reside at \_\_\_\_\_  
(Second Disinterested Witness) (Address)  
\_\_\_\_\_, \_\_\_\_\_ County, \_\_\_\_\_. I am  
(City) (County) (State)

personally acquainted with the family history and facts of heirship of \_\_\_\_\_,  
(Name of Deceased)

deceased, hereinafter called "Decedent" who was my \_\_\_\_\_, I knew Decedent for \_\_\_\_\_ years.  
(Relationship to Decedent)

**II. Decedent Information**

Decedent died on \_\_\_\_\_, in \_\_\_\_\_, County,  
(Date of Death)

State of \_\_\_\_\_, without leaving a Will.

**III. Marital History**

*(Check Box that Applies)*

Decedent was married to \_\_\_\_\_ on  
(Surviving Spouse)  
\_\_\_\_\_, and remained married until decedent's death and was never divorced.  
(Date of Marriage)

Decedent was never married.

Decedent was not married at the time of death but was married to \_\_\_\_\_  
(Name of Spouse)

on \_\_\_\_\_, and was widowed/divorced on \_\_\_\_\_.  
(Date of Marriage) (Circle One) (Date of Termination of Marriage)

**IV. Family History**  
(Check Box that Applies)

Decedent had no children.

Decedent had the following children by birth or adoption: *(List all children living or deceased)*

Name	Address	Age or date of death	Alive or deceased

Decedent never adopted any children nor cared for any children in the home other than the above named children.

Is the surviving spouse the biological or adoptive parent of all children listed above?     Yes  No

- If any child of Decedent is deceased, list all children of the deceased child or children.

Name of Deceased Child: \_\_\_\_\_

Children of Deceased Child

Name	Address	Age or date of death	Alive or deceased

Name of Deceased Child: \_\_\_\_\_

Children of Deceased Child

Name	Address	Age or date of death	Alive or deceased

If decedent was not survived by children or grandchildren, then complete.

Parents of Decedent (*List both parents living or deceased*):

Name	Address	Age or date of death	Alive or deceased

1. If decedent was not survived by his/her parents or only one parent, then complete.

Brother(s) and/or Sister(s) of Decedent (*List all siblings living or deceased*):

Name	Address	Age or date of death	Alive or deceased

2. If any brother(s) or sister(s) has predeceased decedent then complete.

Names of deceased brother/sister: \_\_\_\_\_

Children of Deceased Brother/Sister

Name	Address	Age or date of death	Alive or deceased

The above statements are true and correct.

Executed on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signature of first disinterested witness

\_\_\_\_\_  
Signature of second disinterested witness

Subscribed and sworn to before me, by \_\_\_\_\_, first disinterested witness, on  
\_\_\_\_\_, to certify which witness my hand and seal of office.  
(Date)

\_\_\_\_\_  
Notary Public in and for the State of Texas

Subscribed and sworn to before me, by \_\_\_\_\_, second disinterested witness, on  
\_\_\_\_\_, to certify which witness my hand and seal of office.  
(Date)

\_\_\_\_\_  
Notary Public in and for the State of Texas

***Note: If blanks are not sufficient for information, a separate sheet may be attached.***



