Prepared by:)				
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HEIRSHIP AFFIDAVIT				
(Heirship of Deceased)				
STATE OF VERMONT) COUNTY OF) BEFORE ME, the undersigned authority, on this day personally appeared,				
("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting as identification (i.e. drivers license #), 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 (insert name of affiant), and I live at				
(insert address of affiant's residence). I am personally familiar with the family and marital history of ("Decedent") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.				
2. I knew decedent from (insert date) until (insert date). I was personally well acquainted with the named decedent during his/her lifetime.				
3. The Decedent died on (insert date of death) at the				
following place of death:(City),, (County),(State) (insert place of death). At the time of decedent's death,				
(County), (State) (insert place of death). At the time of decedent's death, decedent's residence address was				
(Street),				
(City), Vermont, (Zip).(insert address of decedent's residence).				
 4. I was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Vermont, be his/her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct. 				
QUESTION 1 - Did the decedent leave a will? ANSWER: YES/NO				
QUESTION 2 - If the decedent left a will, has the will been admitted to probate?				
ANSWER: YES/NO/NA. If YES, at what place, and when?				
ANSWER:COUNTY, Vermont ,CAUSE NUMBER				
QUESTION 3 - If the decedent left no will, has an administrator or personal representative been appointed for the estate of said deceased? ANSWER: YES/NO				

QUESTION 4 - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative.

ANSWER:

COUNTY	NAME	ADDRESS
CAUSE NUMBER		
QUESTION 5 - Give the name and ANSWER:	address of the surviving widow or w	vidower of decedent.
NAME	ADDRESS	If not now living, state date of
		death:
		1
state whether said former spouse is		name(s) of the former husband or wife, and
		name(s) of the former husband or wife, and STATUS (Dead or Divorced)

QUESTION 7 - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:

ANSWER: (Give names of surviving children only)

ANSWER. (Offer halfes of				
NAME OF CHILD	ADDRESS	DATE OF	IF NOT	HUSBAND OR WIFE
		BIRTH	LIVING	NAME
			DATE OF	
			DEATH	

QUESTION 8 - Give the name and address of any deceased children of the decedent, together with the other information called for:

ANSWER:

NAME OF CHILD	DATE OF	DATE OF	SURVIVING	DATE OF
	BIRTH	DEATH	HUSBAND OR WIFE	DEATH OF
			NAME	SPOUSE, IF
				APPLICABLE
	•	•	•	

QUESTION 9 - Give the names and addresses of the children of any deceased son or daughter of the decedent:

ANSWER:

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF BIRTH	NAME OF FATHER OR MOTHER

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?

ANSWER: YES/NO. If yes, provide their names, ages and addresses below:

NAME	ADDRESS	AGE

QUESTION 11 - Did the decedent have any unpaid debts? ANSWER: YES/NO.

If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

ANSWER:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID
	•	

QUESTION 12 - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF
			DEATH
		•	

QUESTION 13 - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:

ANSWER:

NAME	RELATIONSHIP	AGE	ADDRESS

QUESTION 14: Did the decedent own any real estate in this State:	
ANSWER: YES/NO	
If yes, list Address or short description : County: Address or short description : County: Address or short description : County: Address or short description : Address or short description : County: Address or short description :	
QUESTION 15: What is your relationship to the deceased?	
ANSWER:	20
DATED THIS THE DAY OF SWORN TO AND SUBSCRIBED before me this the day of	Signature of Affiant
My Commission Expires:	