Prepared by:	
)
	above this line for official use only HEIRSHIP AFFIDAVIT
	(Heirship of Deceased)
STATE OF TE COUNTY OF	NNESSEE))
("AFFIANT") who	e undersigned authority, on this day personally appeared, is personally known to me (or, if not being personally known to me, did confirm his/her identity as identification (i.e. drivers license #), and appearing to be fully competent and of being duly sworn, stated upon Affiant's oath the following:
1. My name	(insert address of affiant's residence). I
	ally familiar with the family and marital history of t") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.
	cedent from (insert date) until
ŕ	
following	lent died on (insert date of death) at the place of death: (City),,
	(State) (insert place of death). At the time of decedent's death, residence address was
	(Street),
decedent's resid	(City), Tennessee , (Zip).(insert address of lence).
would under the contained	Il acquainted with the family and near relatives of the said decedent, and with all those who laws of the State of Tennessee, be his/her heirs. The following statements and the information herein, including my answers to named questions below, are based upon my personal nd are true and correct.
QUESTION 1 - D	id the decedent leave a will? ANSWER: YES/NO
QUESTION 2 - In	the decedent left a will, has the will been admitted to probate?
ANSWER: YES/N	IO/NA. If YES, at what place, and when?
ANSWER:	COUNTY, Tennessee , CAUSE NUMBER DATE
	the decedent left no will, has an administrator or personal representative been appointed for the ised? ANSWER : YES/NO

QUESTION 4 - If an adm proceedings are pending, an						
ANSWER:						
COUNTY		NA	ME	ADDRESS		
CAUSE NUMBER	CAUSE NUMBER					
QUESTION 5 - Give the na ANSWER:	ame and ac	ddress of the surviv	ing widow or wide	ower of decede	nt.	
NAME		ADD	ADDRESS		If not now living, state date of death:	
QUESTION 6 - If the dece state whether said former sp ANSWER:			once, give the nam	ne(s) of the for	mer husband or wife, and	
NA	ME	STA		ATUS (Dead or Divorced)		
QUESTION 7 - Give the na other information called for ANSWER: (Give names of	:		of all the survivin	g children of d	eceased, together with the	
NAME OF CHILD		ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME	

DATE OF BIRTH	DATE OF DEATH	HUSBANE NA		DEATH OF SPOUSE, IF
				IT
addresses of the c	hildren of any	deceased sor	or daughter o	f the decedent:
				F FATHER OR OTHER
			cen into his ho	me?
	heir names, ages and addresses b ADDRESS		AGE	
	ADDRESS OF IF LIVING DATE DEATH ave any adopted c	ADDRESS OF IF NOT LIVING DATE OF DEATH ave any adopted children, or stee their names, ages and addresses	ADDRESS OF IF NOT LIVING DATE OF BIRTH DEATH ave any adopted children, or step-children takes their names, ages and addresses below:	LIVING DATE OF BIRTH MEDICATH DEATH ave any adopted children, or step-children taken into his how their names, ages and addresses below:

QUESTION 11 - Did the If yes, provide as nearly a	e decedent have any unpaid de s possible the amount of the de	bts? ANSWER : YES/NO.	er such debt has since been paid	
ANSWER:				
CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID		
information called for), or	decedent left no children, ther r his or her surviving father, m		d addresses (together with other	
ANSWER: NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF	
		00111	DEATH	
			/// 	
CAN				
- VA	The same			
relatives:	decedent left no children, spor	use, mother, father, brothe	r or sister, state all other known	
ANSWER: NAME	RELATIONSHIP	AGE	ADDRESS	
THENE	Tuber 11101 (um	1102	TIBBITIDE	

QUESTION 14: Did the decedent own any real estate in this State:	
ANSWER: YES/NO	
If yes, list Address or short description: County: County: County: County: County: Address or short description:	
QUESTION 15: What is your relationship to the deceased? ANSWER:	
DATED THIS THE DAY OF EDOC, 20.	
Signature of Affiant	_
SWORN TO AND SUBSCRIBED before me this the day of, 2000.	
NOTARY PUBLIC	
My Commission Expires:	

Filename: TN-02501

Directory: H:\usforms\forms_working\heirship_affidavit

Template: C:\Program Files\Microsoft Office\Templates\Normal.dot

Title: HEIRSHIP AFFIDAVIT

Subject:

Author: Default

Keywords: Comments:

Creation Date: 11/02/00 1:59 PM

Change Number: 2

Last Saved On: 11/02/00 1:59 PM
Last Saved By: Frank D. Edens
Total Editing Time: 0 Minutes

Last Printed On: 11/02/00 2:47 PM

As of Last Complete Printing Number of Pages: 5

Number of Words: 905 (approx.)

Number of Characters: 5,159 (approx.)