_				
Prepare	ed by: ded, return to:	) ) ) ) ) ) )	above this line fo	or official use only
		HEIRSHIP AF	FIDAVIT	
	(Heirship of			Deceased)
COLU	E OF DISTRICT OF MBIA TTY OF	)		
("AFFIA presentii	ngient age, upon being duly sw	wn to me (or, if not being as identification (i.e. drive orn, stated upon Affiant's or	personally known to ers license #), and ap ath the following:	o me, did confirm his/her identity pearing to be fully competent and
1.	My name is		(insert na	ame of affiant), and I live at
2.	am personally familiar with ("Decedent") (insert name of I knew decedent fromdate). I was personally well	n the family and marital hing f decedent), and I have pers	story ofsonal knowledge of the sert date) until	t address of affiant's residence). I he facts stated in this affidavit.  (insert nis/her lifetime.
3.	The Decedent died on			_ (insert date of death) at the
	(County),	(State) (inser	rt place of death).	ity),, At the time of decedent's death,  was
	decedent's	residence		was (Street),
add	ress of decedent's residence).	(City), District		
4. would informa knowled	under the laws of the State tion contained herein,	e of District of Columbia, including my answers to n	be his/her heirs. The	ecedent, and with all those who he following statements and the ow, are based upon my personal
QUEST	TON 1 - Did the decedent le	eave a will? <b>ANSWER</b> : Y	ES/NO	
QUEST	TION 2 - If the decedent left	a will, has the will been a	dmitted to probate?	
ANSWI	ER: YES/NO/NA. If YES, a	t what place, and when?		
ANSWI	E <b>R</b> :CC	OUNTY, District of Colum	bia,	_ CAUSE NUMBER
	TION 3 - If the decedent left f said deceased? ANSWER		tor or personal repre	esentative been appointed for the

	ninistrator or personal admin nd the name and address of t					
ANSWER:			İ			
COUNTY	N	AME		ADDRESS		
CAUSE NUMBEI	3					
<b>QUESTION 5</b> - Give the r	name and address of the survi	ving widow or wic	dower of decede	ent.		
ANSWER:						
NAME	AD	ADDRESS		If not now living, state date of death:		
QUESTION 6 - If the deco state whether said former s ANSWER:	edent was married more than pouse is dead or divorced.	once, give the nar	ne(s) of the for	mer husband or wife, and		
N.A	AME	S	ΓATUS (Dead o	or Divorced)		
the other information called <b>ANSWER</b> : (Give names of	f surviving children only)			_		
NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME		
<b>QUESTION 8</b> - Give the information called for:	name and address of any d	eceased children o	of the decedent	t, together with the other		
ANSWER:						

NAME OF CHIL	D	DATE OF BIRTH	DATE DEAT		HUSBAN	VIVING D OR WIFE AME	DATE OF DEATH OF SPOUSE, IF APPLICABLE
QUESTION 9 - Give the na ANSWER:	ames and ad	dresses of the c	hildren o	f any	deceased so	on or daughter	of the decedent:
NAME OF CHILD	<b>I</b>	DRESS OF IF LIVING DATE DEATH			ATE OF BIRTH		OF FATHER OR MOTHER
QUESTION 10 - Did the do ANSWER: YES/NO. If ye						ıken into his h	ome?
NAME		ADDRESS			AGE		
<b>QUESTION 11</b> - Did the d If yes, provide as nearly as p							has since been paid
ANSWER:							
CREDITOR	AMOUI	NT OF DEBT			HAS DEB	T NOW BEE	N PAID

	cedent left no children, then suis or her surviving father, mo		dresses (together with other			
NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF			
			DEATH			
<b>QUESTION 13</b> - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:						
ANSWER: NAME	RELATIONSHIP	AGE	ADDRESS			
NAIVIE	RELATIONSHIP	AGE	ADDRESS			

<b>QUESTION 14:</b> 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:  County:  County:  County:  County:				
<b>QUESTION 15</b> : What is your relationship to the deceased?				
ANSWER:				
DATED THIS THE DAY OF	, 20			
SWORN TO AND SUBSCRIBED before me this the day of				
	NOTARY PUBLIC			
My Commission Expires:				