Prepar	od by			
Ргераг	eu by:)		
If reco	rded, return to:)))))	above this line for o	fficial use only
		HEIRSHIP AFI		y
	(Heirship of			ceased)
STAT	E OF HAWAII VTY OF))		
("AFFIA presenti	E ME, the undersigned au ANT") who is personally kno ng cient age, upon being duly sw	own to me (or, if not being as identification (i.e. drive	personally known to m rs license #), and appea	e, did confirm his/her identity ring to be fully competent and
1.	My name is		(insert name	of affiant), and I live at ddress of affiant's residence). I
	am personally familiar with ("Decedent") (insert name of	n the family and marital his of decedent), and I have perso	tory of	<u> </u>
2.	I knew decedent fromdate). I was personally we	ll acquainted with the name	ert date) until d decedent during his/	(insert her lifetime.
3.	The Decedent died on		(i	insert date of death) at the
	following place of death:	(State) (inser	(City)	the time of decedent's death
	decedent's	residence (State) (Histr	address	the time of decedent's death, was
		(City), Hawaii,		(Street), (Zip).(insert address of
dec	redent's residence).	(City), Huwuii,		(Zip).(mscrt address or
4. would	under the laws of the Stat contained herein, including	e of Hawaii, be his/her he	irs. The following stat	dent, and with all those who tements and the information re based upon my personal
QUEST	Γ ΙΟΝ 1 - Did the decedent le	eave a will? ANSWER : Y	ES/NO	
	Γ ΙΟΝ 2 - If the decedent left			
ANSW	ER: YES/NO/NA. If YES, a	at what place, and when?		
	ER:CC	DUNTY, Hawaii,	CAUSE NUME	BER
	FION 3 - If the decedent left f said deceased? ANSWER		or or personal represer	ntative been appointed for the

	ninistrator or personal admin nd the name and address of t						
ANSWER:			İ				
COUNTY	N	AME		ADDRESS			
CAUSE NUMBEI	3						
QUESTION 5 - Give the r	name and address of the survi	ving widow or wic	lower 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	STATUS (Dead or Divorced)				
the other information called ANSWER : (Give names of	f surviving children only)			_			
NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME			
QUESTION 8 - 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	I	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			DRESS			F	AGE
QUESTION 11 - 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			
QUESTION 13 - 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			

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: County: County: County: County:				
QUESTION 15 : 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:				