Prepare	ed by: ded, return to:	) ) ) ) ) )	
II Tecor	ueu, return to.	) ) )  above t	this line for official use only
	HEII	RSHIP AFFIDAV	/IT
STATI	E OF IDAHO ) TY OF )		
("AFFIA presentii		(or, if not being personally ification (i.e. drivers license	y known to me, did confirm his/her identity #), and appearing to be fully competent and
1.	My name is		(insert name of affiant), and I live at (insert address of affiant's residence). I
		ly and marital history of _	vledge of the facts stated in this affidavit.
2.	I knew decedent from date). I was personally well acquain	(insert date) ted with the named decede	until (insert nt during his/her lifetime.
3.	The Decedent died onfollowing place of death:		(insert date of death) at the,
	(County),	(State) (insert place of	f death). At the time of decedent's death,
	decedent's residence	ce addres	
J			(Zip).(insert address of
dec	edent's residence).		
4. would	under the laws of the State of Idah contained herein, including my ar	o, be his/her heirs. The f	the said decedent, and with all those who following statements and the information ns below, are based upon my personal
	TON 1 - Did the decedent leave a wil	l? <b>ANSWER</b> : YES/NO	
	TON 2 - If the decedent left a will, ha		probate?
ANSWI	ER: YES/NO/NA. If YES, at what pla	ice, and when?	
	E <b>R</b> :COUNTY, I	daho , CA	USE NUMBER
	TON 3 - If the decedent left no will, left said deceased? ANSWER: YES/NO		sonal representative 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	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	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			DRESS			F	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 decrelatives: <b>ANSWER:</b>	cedent left no children, spous	e, mother, father, brother or	sister, state all other known
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:					
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	Signature of Affiant, 20  NOTARY PUBLIC				
My Commission Expires:					