Prepar	d by:			
If recor	ded, return to: ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )			
	HEIRSHIP AFFIDAVIT			
	(Heirship of Deceased)			
	E OF INDIANA ) TY OF )			
("AFFIA presentin	E ME, the undersigned authority, on this day personally appeared	_, y d		
1.	My name is (insert name of affiant), and I live at (insert address of affiant's residence).	Ι		
	am personally familiar with the family and marital history of	-		
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 decedent's residence address was (Street), (City), Indiana , (Zip).(insert address of death)			
dec	edent's residence).			
<b>4.</b> It a	opears that the decedent's gross probate estate, less liens and encumbrances, does no	ot		
exceed	the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of	f		
administration, and reasonable funeral expenses.".				
5 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 Indiana , 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.				
<b>QUESTION 1</b> - Did the decedent leave a will? <b>ANSWER</b> : YES/NO				
<b>QUESTION 2</b> - If the decedent left a will, has the will been admitted to probate?				
<b>ANSWER</b> : YES/NO/NA. If YES, at what place, and when?				
ANSW	ER:COUNTY, Indiana ,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 address of the surviving widow or widower of decedent.

ANSWER:

NAME	ADDRESS	If not now living, state date of death:

**QUESTION 6** - If the decedent was married more than once, give the name(s) of the former husband or wife, and state whether said former spouse is dead or divorced.

ANSWER:

NAME	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)

THUS WER, (Orve hames of				
NAME OF CHILD	ADDRESS	DATE OF	IF NOT	HUSBAND OR WIFE
		BIRTH	LIVING	NAME
			DATE OF	
			DEATH	
			DEATH	
	1	1	1	1
1				

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

## ANSWER:

ANSWER.				
NAME OF CHILD	DATE OF	DATE OF	SURVIVING	DATE OF
	BIRTH	DEATH	HUSBAND OR WIFE	DEATH OF
			NAME	SPOUSE, IF
				APPLICABLE
1				

**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 Image: Ima

**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:

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
	1	1	1

**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:
County: Address or short description :
County:
Address or short description :
County:
<b>QUESTION 15</b> : What is your relationship to the deceased?
ANSWER:
DATED THIS THE DAY OF, 20
Diffed find find Diff of, 20,
Signature of Affiant
SWORN TO AND SUBSCRIBED before me this the day of, 20
NOTARY PUBLIC
My Commission Expires: