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Prepa	red by:			
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		above this line for	or official use only	
		HEIRSHIP AFFIDAVIT	× · · · · ·	
	/			
	(Heirship o	f	Deceased)	
STAT	ГЕ OF)		
)		
MAS	SACHUSETTS)		
COU	NTY OF			
000		—		
BEFO	RE ME, the undersigned a	authority, on this day personally appeared		
		nown to me (or, if not being personally known to		
		as identification (i.e. drivers license #), and ap		
			peaning to be fully competent and	
OI SUII	icient age, upon being duly s	worn, stated upon Affiant's oath the following:		
1.	My name is	(insert n	ame of affiant), and I live at	
		(inset	rt address of affiant's residence). I	
	am personally familiar w	th the family and marital history of		
		of decedent), and I have personal knowledge of t	he facts stated in this affidavit	
	(Decedent) (indere indire	or accelent), and I have personal miowreage or e	ne fuelo blated in this arritation	
2.	I limour decodort from	(insert date) until	(incort	
۷.				
	date). I was personally w	ell acquainted with the named decedent during	nis/ner lifetime.	
_				
3.	The Decedent died on _		_ (insert date of death) at the	
	following place of death:	[0	City),,	
	(County),	(C (State) (insert place of death). residence address	At the time of decedent's death,	
	decedent's	residence address	was	
	accounts	i date da	(Street),	
		(City), Massachusetts ,	(Zip).(insert	
ac	ldress of decedent's residence).		
4.	I was well acquainted w	ith the family and near relatives of the said d	ecedent, and with all those who	
would		State of Massachusetts , be his/her heirs. Th		
inform		, including my answers to named questions bel		
			low, are based upon my personal	
knowl	euge allu ale tiue allu	conect.		
QUES	STION 1 - Did the decedent	leave a will? ANSWER: YES/NO		
QUESTION 2 - If the decedent left a will, has the will been admitted to probate?				
ANSI	VER: YES/NO/NA. If YES,	at what place and when?		
		-		
ANSWER:COUNTY, Massachusetts ,CAUSE NUMBERDATE				
ANSV	VER:0	OUNTY, Massachusetts , CAU	JSE NUMBER	
	DATE			
QUESTION 3 - If the decedent left no will, has an administrator or personal representative been appointed for the				
	of said deceased? ANSWE		and a second appointed for the	
csidie		N. 1 LU/11U		

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**: ADDRESS NAME 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) ADDRESS NAME OF CHILD DATE OF HUSBAND OR WIFE IF NOT BIRTH LIVING NAME DATE OF DEATH

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

ANSWER:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SURV HUSBAND NA	OR WIFE	DATE OF DEATH OF SPOUSE, IF APPLICABLE
QUESTION 9 - Give the name	es and addresses of the	children of any	y deceased sor	n or daughter	of the decedent:
NAME OF CHILD	ADDRESS OF II LIVING DATI DEATH		DATE OF BIRTH		DF FATHER OR IOTHER
QUESTION 10 - Did the dece	dent have any adopted	children, or ste	ep-children tał	ken into his h	ome?
ANSWER: YES/NO. If yes, p NAME		es and address DDRESS	es below:	A	GE
QUESTION 11 - Did the dece If yes, provide as nearly as pos					nas since been paic
ANSWER: CREDITOR	AMOUNT OF DEBT			Γ NOW BEEN	

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

QUESTION 14: Did the decedent own any real estate in this State:					
ANSWER: YES/NO					
If yes, list Address or short description : 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				
My Commission Expires:					