Prepar	ed by:))))			
If reco	rded, return to:))))	above	this line for offici	al use only
		HEIRS!	HIP AFFIDA	VIT	
	(Heirsh	ip of		Decea	sed)
STAT COUN	E OF MAINE VTY OF)			
("AFFIA presenti		lly known to me (or, as identificat	if not being personal tion (i.e. drivers licens	ly known to me, di se #), and appearing	d confirm his/her identity to be fully competent and
1.				(insert addres	affiant), and I live at ss of affiant's residence). I
		name of decedent), ar	nd I have personal kno	wledge of the facts	stated in this affidavit.
2.	I knew decedent from date). I was personal	n lly well acquainted v	(insert date with the named deced) until ent during his/her l	ifetime. (insert
3.	The Decedent died	on		(inser	t date of death) at the
	following place of de	eath:	(0)	(City),	
	decedent's	residence			ime of decedent's death, was
		((_ (Street), (Zip).(insert address of
dec	edent's residence).	(City), Maine,		_ (Zip).(msert address or
4. would knowle	under the laws of the contained herein, in	e State of Maine, l	be his/her heirs. The	following stateme	, and with all those who ents and the information ased upon my personal
QUEST	T ION 1 - Did the dece	dent leave a will? A	NSWER: YES/NO		
QUEST	T ION 2 - If the decede	ent left a will, has the	e will been admitted	to probate?	
ANSW	ER: YES/NO/NA. If Y	YES, at what place, a	and when?		
	ER: DATE	COUNTY, Main	ie ,(CAUSE NUMBER	
	ΓΙΟΝ 3 - If the deceder f said deceased? ANS		ın administrator or pe	ersonal representati	ve 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:				