

<p>Prepared by:</p> <p>If recorded, return to:</p>	<p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p>	<p>-----above this line for official use only-----</p>
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HEIRSHIP AFFIDAVIT

(Heirship of Deceased)

STATE OF MISSISSIPPI)
 COUNTY OF)

BEFORE ME, the undersigned authority, on this day personally appeared , ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting as identification (i.e. drivers license #), and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:

1. My name is (insert name of affiant), and I live at (insert address of affiant's residence). I am personally familiar with the family and marital history of ("Decedent") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.

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), Mississippi, (Zip) (insert address of decedent's residence).

4. 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 Mississippi, 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.

QUESTION 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?

ANSWER: YES / NO / NA. If YES, at what place, and when?

ANSWER: COUNTY, Mississippi, CAUSE NUMBER
 DATE

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:

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COUNTY CAUSE NUMBER	NAME	ADDRESS
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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:
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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)

NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME
	FORMTEXT			

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	SURVIVING HUSBAND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE

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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

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:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID

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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:

Address or short description :

County:

Address or short description :

County:

QUESTION 15: What is your relationship to the deceased?

ANSWER:

DATED THIS THE _____ DAY OF _____, 20____.

Signature of Affiant

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 20____.

NOTARY PUBLIC

My Commission Expires: