Prepared by:				
If recorded, return to:  If recorded, return to:  )  ) above this line for official use only				
HEIRSHIP AFFIDAVIT				
(Heirship of Deceased)				
STATE OF MONTANA ) 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 swom, 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				
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), Montana ,(Zip).(insert address of				
decedent's residence). 4. The value of the decedent's entire estate, wherever located, less liens and encumbrances, does not exceed \$50,000.				
5. Thirty (30) days have elapsed since the death of the decedent. (A certified death certificate accompanies this Affidavit.)				
6. No application of petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.				
7. 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 Montana, 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?				
ANSWER: YES/NO/NA. If YES, at what place, and when?				
ANSWER:COUNTY, Montana ,CAUSE NUMBER				

<b>QUESTION 3</b> - If the decedent left no will, has an administrator or personal representative been appointed for the estate of said deceased? <b>ANSWER</b> : YES/NO						
<b>QUESTION 4</b> - 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	N A	ME		ADDRESS		
COUNTY	INA	TIVIE		ADDRESS		
CAUSE NUMBER						
QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.						
ANSWER:	ADD	DECC	TC	- l'aire state date of		
NAME	NAME ADD		If not now living, state date death:			
<b>QUESTION 6</b> - 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. <b>ANSWER:</b>						
NA	STATUS (Dead or Divorced)					
<b>QUESTION 7</b> - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:						
<b>ANSWER</b> : (Give names of		1	1			
NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME		

<b>QUESTION 8</b> - Give the name information called for:	and ad	dress of any o	deceased	l child	lren of t	he deced	ent, toge	ther with the other
ANSWER:  NAME OF CHILD		DATE OF BIRTH	DATE OF DEATH H			SURVIVING HUSBAND OR WIFE NAME		DATE OF DEATH OF SPOUSE, IF APPLICABLE
<b>QUESTION 9</b> - Give the names and addresses of the children of any deceased son or daughter of the decedent: <b>ANSWER</b> :								
NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF			DATE OF BIRTH			NAME OF FATHER OR MOTHER	
		DEATH						
QUESTION 10 - Did the deceder					_		nto his h	ome?
ANSWER: YES/NO. If yes, provide their names, ages and addresses below:  NAME ADDRESS AGE								
- 16 AATAAA								·

<b>QUESTION 11</b> - Did the decedent have any unpaid debts? <b>ANSWER</b> : 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 NO	W BEEN PAID		
	cedent left no children, then gais or her surviving father, mo	give below the names and addither, brothers, sisters:	dresses (together with other		
NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF DEATH		
<b>QUESTION 13</b> - If the decrelatives:	cedent left no children, spous	e, mother, father, brother or	sister, state all other known		
ANSWER:					
NAME	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:  County:  County:	
<b>QUESTION 15</b> : 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:	