Prepar	ed by:	) ) ) )		
If recor	ded, return to:	) ) ) ) 	above this line fo	or official use only
		HEIRSHIP .	AFFIDAVIT	
	(Heirshi	ip of		Deceased)
STAT: COUN	E OF NEW JERSE	XY )		
("AFFIA presenti	ANT") who is personal ng		peing personally known to drivers license #), and ap	o me, did confirm his/her identity opearing to be fully competent and
1.			(inse	ame of affiant), and I live at rt address of affiant's residence). I
	("Decedent") (insert n	ame of decedent), and I have	e personal knowledge of t	he facts stated in this affidavit.
2.	I knew decedent from date). I was personal	nly well acquainted with the	_ (insert date) until named decedent during	his/her lifetime. (insert
3.	The Decedent died	on		_ (insert date of death) at the
	following place of de	eath:	(Consist all and find the (C	City),,
	decedent's		address	At the time of decedent's death, was
		(City), N		(Street), (Zip).(insert address of
dec	edent's residence).	(City), 14	ew sersey,	(21p).(Insert address of
4. would knowled	under the laws of the contained herein, in	State of New Jersey , be hi acluding my answers to a	s/her heirs. The followin	ecedent, and with all those who g statements and the information, are based upon my personal
QUEST	T <b>ION 1</b> - Did the dece	dent leave a will? <b>ANSWE</b>	R: YES/NO	
QUEST	TION 2 - If the decede	nt left a will, has the will b	een admitted to probate?	
ANSW	ER: YES/NO/NA. If Y	YES, at what place, and whe	en?	
	ER: DATE	COUNTY, New Jersey	CAUS	E NUMBER
	FION 3 - If the decede f said deceased? ANS		nistrator or personal repr	esentative been appointed for the

	ninistrator or personal admin nd the name and address of t						
ANSWER:			İ				
COUNTY	N	AME		ADDRESS			
CAUSE NUMBEI	3						
<b>QUESTION 5</b> - 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 <b>ANSWER</b> : (Give names of	f surviving children only)			_			
NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME			
<b>QUESTION 8</b> - 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	<b>I</b>	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
<b>QUESTION 11</b> - 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			
<b>QUESTION 13</b> - 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			

<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:				