Prepar	ed by:			
	ded, return to:			
	above this line for official use only HEIRSHIP AFFIDAVIT			
	(Heirship of Deceased)			
	E OF NEW YORK) TY 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			
2.	am personally familiar with the family and marital history of			
3.	The Decedent died on (insert date of death) at the			
	faller ring along of deaths (City)			
	(County),			
	(Street),(City), New York ,(Zip).(insert address of			
dec	edent's residence).			
4. I was well acquainted with the family and near relatives of the said decedent, and with all those who under the laws of the State of New York , 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?				
ANSW	ER:COUNTY, New York ,CAUSE NUMBERDATE			
	TON 3 - If the decedent left no will, has an administrator or personal representative been appointed for the f 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**: 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		heir names, ages and addresses below ADDRESS		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:			