



Heirship Affidavit

**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:**

NAME	ADDRESS	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)

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

**QUESTION 8** - Give the name and address of any deceased children of the decedent, together with the other information called for:

**ANSWER:**

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

**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: \_\_\_\_\_