		1		
Prepare	ed by:)		
If recor	ded, return to:)))))))abo	ove this line for official	use only
	HEI	RSHIP AFFID	AVIT	
	(Heirship of			ed)
STATI COUN	E OF OHIO) TY OF)			
("AFFIA presentii	E ME, the undersigned authority, aNT") who is personally known to mang as identient age, upon being duly swom, state	e (or, if not being perso ification (i.e. drivers lic	nally known to me, did ense #), and appearing to	confirm his/her identity
1.	My name is		(insert name of a	offiant), and I live at of affiant's residence). I
	am personally familiar with the fam ("Decedent") (insert name of deceder	ily and marital history	of	
2.	I knew decedent from date). I was personally well acquain	(insert d	ate) until cedent during his/her lif	etime. (insert
3.	The Decedent died on		(insert	date of death) at the
	following place of death:(County), decedent's residen	(State) (insert plac ce ac	ce of death). At the tind Idress	ne of decedent's death, was
		(City), Ohio ,		(Street), (Zip).(insert address of
deco	edent's residence).	(City), Oillo ,		(Zip).(iiiseit address of
4. would	I was well acquainted with the far under the laws of the State of Ohi contained herein, including my a lge and are true and correct.	o , be his/her heirs. T	he following statement	s and the information
QUEST	TON 1 - Did the decedent leave a wi	ll? ANSWER : YES/N	О	
QUEST	TON 2 - If the decedent left a will, h	as the will been admitte	ed to probate?	
	ER: YES/NO/NA. If YES, at what pl			
ANSWI	ER:COUNTY,	Ohio ,	CAUSE NUMBER	
	TON 3 - If the decedent left no will, said deceased? ANSWER: YES/N		personal representative	e been appointed for the

	ninistrator or personal admir nd the name and address of t					
ANSWER:						
COUNTY	N	AME		ADDRESS		
CAUSE NUMBEI	3					
QUESTION 5 - Give the r	name and address of the surv	iving widow or wic	lower of decede	ent.		
ANSWER:						
NAME	AD	ADDRESS		If not now living, state date of death:		
QUESTION 6 - If the decostate whether said former s	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	Sī	STATUS (Dead or Divorced)			
QUESTION 7 - Give the the other information called ANSWER: (Give names of		ce of all the survi	ving children o	f deceased, together with		
NAME OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME		
QUESTION 8 - Give the information called for:	name and address of any d	leceased children o	of the decedent	, 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	I	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		ADDRESS			AGE		
QUESTION 11 - 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 gais or her surviving father, mo		dresses (together with other			
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			
INAIVIE	KELATIONSHIP	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: County: County: County: County: County: County: County: 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				
	NOTARY PUBLIC			
My Commission Expires:				