

Prepared By and After Recording Return to:	-----Above This Line Reserved For Official Use Only-----
Send Tax Statements to (Name and Address):	

HEIRSHIP AFFIDAVIT

(Heirship of _____ Deceased)

STATE OF OKLAHOMA
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 sworn, stated upon Affiant's oath the following:

1. My name is _____, and I live at _____ (insert address of affiant's residence). I am personally familiar with the family and marital history of _____ ("Decedent"), and I have personal knowledge of the facts stated in this affidavit.

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), Oklahoma, _____ (Zip).

4. 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 Oklahoma, 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?

_____ COUNTY, Oklahoma , _____ CAUSE NUMBER
_____ DATE

QUESTION 3 - If the decedent left no will, has an administrator or personal representative been appointed for the estate of 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 _____
Cause No. _____
Name _____
Address _____
Telephone: _____

QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.

ANSWER:

Name: _____
Street Address: _____
City: _____
State, Zip Code: _____
If not living, 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:

FULL 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: _____
Street Address: _____
City: _____
State, Zip Code: _____
Date of Birth: _____
If not living, date of death: _____
Husband or Wife's Name: _____

Name: _____
Street Address: _____
City: _____
State, Zip Code: _____
Date of Birth: _____
If not living, date of death: _____
Husband or Wife's Name: _____

Name: _____
Street Address: _____
City: _____
State, Zip Code: _____
Date of Birth: _____
If not living, date of death: _____
Husband or Wife's Name: _____

Name: _____
Street Address: _____
City: _____
State, Zip Code: _____
Date of Birth: _____
If not living, date of death: _____
Husband or Wife's Name: _____

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: _____
Surviving Husband or Wife's Name: _____
Date of Death of Spouse, if applicable: _____

Name of Child: _____
Date of Birth: _____
Date of Death: _____
Surviving Husband or Wife's Name: _____
Date of Death of Spouse, if applicable: _____

Name of Child: _____
Date of Birth: _____
Date of Death: _____
Surviving Husband or Wife's Name: _____
Date of Death of Spouse, if applicable: _____

Name of Child: _____
Date of Birth: _____
Date of Death: _____
Surviving Husband or Wife's 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, if not living, date of death: _____
Date of Birth: _____
Name of Father or Mother: _____

Name of Child: _____
Address, if not living, date of death: _____
Date of Birth: _____
Name of Father or Mother: _____

Name of Child: _____
Address, if not living, date of death: _____
Date of Birth: _____
Name of Father or Mother: _____

Name of Child: _____
Address, if not living, date of death: _____
Date of Birth: _____
Name of Father or Mother: _____

Name of Child: _____
Address, 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: _____
Street Address: _____
City: _____
State, Zip Code: _____
Age: _____

Name: _____
Street Address: _____
City: _____
State, Zip Code: _____
Age: _____

Name: _____
Address: _____
Street Address: _____
City: _____
State, Zip Code: _____
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.

CREDITOR	AMOUNT OF DEBT	HAS DEBT BEEN PAID? (Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____
Street Address: _____
City, State, Zip Code: _____
If deceased, date of death: _____

Name: _____
Relationship: _____
Age: _____
Street Address: _____
City, State, Zip Code: _____
If deceased, date of death: _____

Name: _____
Relationship: _____
Age: _____
Street Address: _____
City, State, Zip Code: _____
If deceased, 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: _____
Street Address: _____
City, State, Zip Code: _____
If deceased, date of death: _____

Name: _____
Relationship: _____
Age: _____

Street Address: _____
City, State, Zip Code: _____
If deceased, date of death: _____

Name: _____
Relationship: _____
Age: _____
Street Address: _____
City, State, Zip Code: _____
If deceased, date of death: _____

Name: _____
Relationship: _____
Age: _____
Street Address: _____
City, State, Zip Code: _____
If deceased, date of death: _____

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: _____

QUESTION 15: What is your relationship to the deceased?

ANSWER: _____

DATED: _____

Signature of Affiant

STATE OF OKLAHOMA
COUNTY OF _____

This instrument was acknowledged before me on _____ (date) by
_____ (name(s) of person(s)).

NOTARY PUBLIC

Print Name

My Commission Expires: _____