Prepar	od by			
Ticpar	eu by.			
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		ĺ)		
If recor	ded, return to:)		
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)	ahassa dhia lisaa fassa	.ff: -: -1
		*		official use only
		HEIRSHIP AF		
	(Heirship of		De	eceased)
STAT	F OF TENNESSEE)		
COLIN	E OF TENNESSEE ITY OF	,		
COON	(11 Or	_)		
BEFOR	E ME, the undersigned at	ithority, on this day person	onally appeared	
				ne, did confirm his/her identity
of suffic	ng rient age, upon being duly sw	_ as identification (i.e. differences of the control of the contro	ers ricerise #), and appea	aring to be fully competent and
or surric		•	S .	
1.	My name is		(insert name	e of affiant), and I live at
			(insert a	ddress of affiant's residence). I
	am personally familiar wit	h the family and marital hi	story of	
	("Decedent") (insert name of	of decedent), and I have pers	sonal knowledge of the	facts stated in this affidavit.
2	T.1 1 1 . C	C.	. 1 . 3	
2.	I knew decedent from	(III	sert date) until	(insert her lifetime.
	date). I was personally we	ii acquainteu witii tile nami	ed decedent during ms/	ner meume.
3.	The Decedent died on		(insert date of death) at the
	following place of death:		(City))
	(County),	(State) (inse	rt place of death). At	the time of decedent's death,
	decedent's	residence	address	the time of decedent's death, was
				(Street),
,		(City), Tennes	see ,	(Zip).(insert address of
dec	edent's residence).			
4.	I was well acquainted wit	th the family and near rel:	atives of the said dece	dent, and with all those who
would				atements and the information
would				re based upon my personal
knowle			1	J P
QUEST	Γ ΙΟΝ 1 - Did the decedent l	eave a will? ANSWER : Y	ES/NO	
-				
QUEST	TION 2 - If the decedent lef	t a will, has the will been a	dmitted to probate?	
ANSW	ER: YES/NO/NA. If YES, a	et what place, and when?		
7 11 13 11	ER. 125/10/10/11. II 125, 6	it what place, and when:		
	ER:C	OUNTY, Tennessee ,	CAUSE NI	JMBER
	DATE			
			_	
			tor or personal represe	ntative been appointed for the
estate o	f said deceased? ANSWER	C YES/NO		

	ninistrator or personal admin nd the name and address of t					
ANSWER:			İ			
COUNTY	N	AME		ADDRESS		
CAUSE NUMBEI	3					
QUESTION 5 - 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 ANSWER : (Give names of	f surviving children only)			_		
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	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	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			DRESS			F	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 suis 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			
NAIVIE	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: 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:				