Prepar	ed by:)	
If reco	rded, return to:))))))))	this line for official use only
		HEIRSHIP AFFIDA	
	(Heirship of _		Deceased)
	E OF WASHINGTON		
("AFFL presenti	ANT") who is personally know ng	n to me (or, if not being personall	peared, y known to me, did confirm his/her identity e #), and appearing to be fully competent and lowing:
1.	- 		(insert name of affiant), and I live at (insert address of affiant's residence). I
	("Decedent") (insert name of o	•	wledge of the facts stated in this affidavit.
2.	I knew decedent fromdate). I was personally well a	(insert date) acquainted with the named decede	until (insert ent during his/her lifetime.
3.	The Decedent died on following place of death: (County), decedent's	residence (State) (insert place o	(city),, f death). At the time of decedent's death, ss was (Street), (Zip).(insert address of
dec	redent's residence).		
4. would informa knowle	under the laws of the State	te of Washington , be his/her cluding my answers to named qu	the said decedent, and with all those who heirs. The following statements and the estions below, are based upon my personal
QUEST	ΓΙΟΝ 1 - Did the decedent lea	ve a will? ANSWER : YES/NO	
QUEST	ΓΙΟΝ 2 - If the decedent left a	will, has the will been admitted to	o probate?
ANSW	ER: YES/NO/NA. If YES, at v	what place, and when?	
ANSW	ER:COU	JNTY, Washington ,	CAUSE NUMBER
	FION 3 - If the decedent left n f said deceased? ANSWER:		rsonal representative been appointed for the
		or personal administrator has bee se and address of the administrator	n appointed, give the County in which the or personal representative.

ANSWER:							
COUNTY		NAME			ADDRESS		
CAUSE NUMBER							
QUESTION 5 - Give the na	ame and add	ress of the surv	iving widow o	or wido	wer of decede	ent.	
ANSWER:							
NAME		ADDRESS		If not now living, state date of death:			
QUESTION 6 - If the dece state whether said former sp ANSWER:			ı once, give th	ie name	e(s) of the for	mer h	usband or wife, and
	ME			STA	ATUS (Dead o	or Div	orced)
QUESTION 7 - Give the results the other information called ANSWER: (Give names of	for: surviving ch	ildren only)					_
NAME OF CHILD	AL	DDRESS	DATE O BIRTH		IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME	
QUESTION 8 - Give the information called for:	name and ac	ldress of any o	deceased child	lren of	the decedent	, toge	ether with the other
ANSWER:							
NAME OF CHILD		DATE OF BIRTH	DATE OF DEATH	H HUSBAND OR WIFE DEA		DATE OF DEATH OF SPOUSE, IF	

						APPLICABLE
						THTEIGHBEE
QUESTION 9 - Give the nan	nes and a	ddresses of the cl	hildren of any	y deceased	d son or daughter	of the decedent:
ANSWER:						
NAME OF CHILD	A	DDRESS OF IF		DATE OF		OF FATHER OR
		LIVING DATE DEATH	OF	BIRTH	1	MOTHER
QUESTION 10 - Did the dec	edent ha	ve any adopted cl	hildren, or sto	ep-childre	n taken into his l	nome?
ANSWED: VES/NO If you	provido	their names age	and address	oc bolovi		
ANSWER: YES/NO. If yes, NAME	, provide	AD	DRESS	es below.		AGE
				ļ.		
QUESTION 11 - Did the dec						haraina haranaid
If yes, provide as nearly as po	ssible the	e amount of the d	lebt and credi	itor and w	netner such debt	nas since been paid
ANSWER:						
CREDITOR	AMOU	JNT OF DEBT		HAS D	EBT NOW BEE	EN PAID

information called for), or h	cedent left no children, then is or her surviving father, mo	give below the names and ad ther, brothers, sisters:	dresses (together with other			
ANSWER:	DEL ATIONGLID	ACE	ADDRESS OF PARE OF			
NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF DEATH			
QUESTION 13 - If the decrelatives: ANSWER:	cedent left no children, spous	se, mother, father, brother or	sister, state all other known			
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:						
Address or short description County:	: :					
County:	· :					
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	, 2000.			
	NOTARY PUBLIC			
My Commission Expires:				