Prepared by:					
If recorded, return to:))))))))))above this line for official use only				
Н	EIRSHIP AFFIDAVIT				
(Heirship of	Deceased)				
STATE OF SOUTH CAROLINA COUNTY OF					
("AFFIANT") who is personally known presenting as i sufficient age, upon being duly sworn, state	•				
1. My name is	(insert name of affiant), and I live at				
am personally familiar with the fa ("Decedent") (insert name of dece	(insert address of affiant's residence). I smily and marital history of dent), and I have personal knowledge of the facts stated in this affidavit.				
2. I knew decedent fromdate). I was personally well acc	(insert date) until (ins				
3. The Decedent died on	(insert date of death) at the				
following place of death:	following place of death:				
decedent's residence address was	(State) (lisert place of death). At the time of decedent's death,				
	(Street),				
decedent's residence).	(City), South Carolina , (Zip).(insert address of				
4. I was well acquainted with the would under the laws of the State o	e family and near relatives of the said decedent, and with all those who f South Carolina, be his/her heirs. The following statements and the ding my answers to named questions below, are based upon my personal it.				
QUESTION 1 - Did the decedent leave	a will? ANSWER : YES/NO				
QUESTION 2 - If the decedent left a wa	ll, has the will been admitted to probate?				
ANSWER: YES/NO/NA. If YES, at wh	at place, and when?				
ANSWER:COUN	ΓY, South Carolina , CAUSE NUMBER				

QUESTION 3 - If the dece estate of said deceased? AN	dent left no will, has an adm (SWER: YES/NO	inistrator or persor	nal representati	ve been appointed for the		
proceedings are pending, an	inistrator or personal admini d the name and address of th					
ANSWER:						
COUNTY	N.A	AME		ADDRESS		
CAUSE NUMBER						
QUESTION 5 - Give the name and address of the surviving widow or widower of decedent. ANSWER:						
NAME	ADI	DRESS	If not not death:	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:						
NA	ME	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		DATE OF	IE NOT	THICD AND OD WHEE		
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 chile	dren of	the decedent	, together with the other
ANSWER:						
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 na	ames and a	addresses of the ch	ildren of any	decease	ed son or dauş	ghter of the decedent:
ANSWER:						
NAME OF CHILD	A	ADDRESS OF IF I LIVING DATE (DEATH			F NA	ME OF FATHER OR MOTHER
QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?						
ANSWER: YES/NO. If ye NAME	s, provide	their names, ages	and addresse DRESS	s below	:	AGE
IVAIVIE		ADI				AUL

	decedent have any unpaid del possible the amount of the de	ots? ANSWER : YES/NO.	ch debt has since been paid	
ANSWER:				
CREDITOR	AMOUNT OF DEBT	HAS DEBT NO	W BEEN PAID	
	cedent left no children, then is or her surviving father, m	give below the names and adother, brothers, sisters:	dresses (together with other	
NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF	
			DEATH	
relatives:	cedent left no children, spou	ise, mother, father, brother or	sister, state all other known	
ANSWER:	DEL ATTOMISME	A CIT	ADDRESS	
NAME	RELATIONSHIP	AGE	ADDRESS	

QUESTION 14: Did the decedent own any real estate in this State:							
ANSWER: YES/NO							
County: Address or short description: County: Address or short description: County: Address or short description:							
QUESTION 15: What is your relationship to the deceased?							
ANSWER: DATED THIS THE	DAY OF		20				
SWORN TO AND SUBSCE	RIBED before me this the	day of	Signature of Aff				
My Commission Expires:			NOTARY PUBI	LIC			

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