THE DEATON LAW FIRM

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INFORMATION FORM FOR AFFIDAVIT OF HEIRSHIP

INDIVIDUAL COMPLETING THIS WORKSHEET:

NAMES OF TWO DISINTERESTED PERSONS WHO HAVE PERSONAL KNOWLEDGE OF DECEDENT'S ESTATE:

These two persons cannot be heirs of the Decedent's estate, nor can they be related to the family and these persons must be available to sign the affidavit upon completion:

2.		
_		
<u>DECEDENT:</u>		
NAME: First Name:	Middle	Name:
Maiden Name (if applicable): _		Last Name:
Date of Birth:		
Place of Birth: city	_ county	state
Date of Death:		
	county	state
Decedent's Marriage Just Prior to or A	At Date of Dea	th:
Spouse's Full Name: First Name:		Middle Name:
		Last Name:
Date of Marriage:		

Place of Marriage: city	county	state	
How did the marriage end (check one)?	Decedent's death	Spouse's death	Divorce
If the marriage ended by Spouse's death			
Date of Spouse's death:			
Place of Spouse's death: city	county	state	

If the marriage ended by divorce:				
Date of Divorce:	_			
Place of Divorce: city	county		state	
Were there children born to or adopted of t	his marriage (check	k one)? yes	no	
If yes, Children Born to or Adopted of this	Marriage ¹ :			
Child 1: Name:	Bi	rth date:		
Birth Place: city	county		state	
Present mailing address:				
Date and place of death (if ap				
If Deceased, was the child sur	vived by a spouse	or children: ye	s no _	
Child 2: Name:	Bi	rth date:		
Birth Place: city	county		state	
Present mailing address:				
Date and place of death (if ap				
If Deceased, was the child sur				
Child 3: Name:	Bi	rth date:		
Birth Place: city	county		state	
Present mailing address:				
Date and place of death (if ap				
If Deceased, was the child sur	vived by a spouse	or children: ye	s no _	
REPEAT ON BACK OF THIS PAGE IF T	HERE ARE ADDI	TIONAL CHIL	DREN OF THIS	MARRIAGE
Decedent's Prior Marriages (if applicabl	le):			
Did the Decedent have any prior marriages	? yes nc)		
If yes, number of prior marriages:				
1 st Prior Marriage:				
Prior Spouse's Full Name: First Name:		Middle Na	ame:	
Maiden Name ((if applicable):		_ Last Name:	
Date of Marriage:	_			
Place of Marriage: city	county		state	
How did the marriage end (check one)? D	ecedent's death	Prior Spo	ouse's death	Divorce
If the marriage ended by Prior Spouse's de	ath:			
Date of Prior Spouse's death:				
Place of Prior Spouse's death: city			sta	ate
If the marriage ended by divorce:				
Date of Divorce:	_			
Place of Divorce: city	county		state	

¹ *If any of Decedent's children (regardless of which marriage the child was born or adopted or if the child was born to or adopted by Decedent outside of marriage) predecease the Decedent and were survived by a spouse or children, fill out the section on this form for that child and, in addition, fill out a separate Information Form for Affidavit of Heirship on the deceased child.

Child 1: Name:	Birth	date:	
		state	
		children: yes no	
Child 2: Name:	Birth	date:	
		state	
Present mailing address:			
Date and place of death	(if applicable):		
If Deceased, was the chi	ld survived by a spouse or o	children: yes no	
Child 3: Name:	Birth	date:	
		state	
If Deceased, was the chi	ld survived by a spouse or o	children: yes no	
2nd Prior Marriage:			
REPEAT ON BACK OF THIS PAGE 2nd Prior Marriage: Prior Spouse's Full Name: First Nam Maiden N	ne:	Middle Name:	
2nd Prior Marriage: Prior Spouse's Full Name: First Nam Maiden N	ne: lame (if applicable):		
2nd Prior Marriage: Prior Spouse's Full Name: First Nam Maiden N Date of Marriage:	ne: Tame (if applicable):	Middle Name: Last Name: _	
2nd Prior Marriage: Prior Spouse's Full Name: First Nam Maiden N Date of Marriage: Place of Marriage: city	ne: lame (if applicable): county	Middle Name: Last Name:state	
2nd Prior Marriage: Prior Spouse's Full Name: First Nam Maiden N Date of Marriage:	ne: Iame (if applicable): county e)? Decedent's death	Middle Name: Last Name:state	
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2nd Prior Marriage: Prior Spouse's Full Name: First Nam Maiden N Date of Marriage: Place of Marriage: city How did the marriage end (check one If the marriage ended by Prior Spouse' Date of Prior Spouse's death: cir Place of Prior Spouse's death: cir If the marriage ended by divorce: Date of Divorce: Place of Divorce: city Were there children born to or adopted of Child 1: Name: Birth Place: city	ne: Iame (if applicable): county e's death e's death: ty county county ed of this marriage (check or of this Marriage: Birth county	Middle Name:	Divorce
2nd Prior Marriage: Prior Spouse's Full Name: First Nam Maiden N Date of Marriage: Place of Marriage: city How did the marriage end (check one If the marriage ended by Prior Spouse Date of Prior Spouse's death: Place of Prior Spouse's death: cir If the marriage ended by divorce: Date of Divorce: Place of Divorce: city Place of Divorce: city Were there children born to or adopted of Child 1: Name: Birth Place: city Present mailing address:	<pre>ne:</pre>	Middle Name: Last Name:	Divorce

Child 2:	Name:	Birth date:	
	Birth Place: city		state
	Present mailing address:		
	Date and place of death (if applicable): _		
	If Deceased, was the child survived by a	spouse or children: yes	no
Child 3:	Name:	Birth date:	
	Birth Place: city	county	state
	Present mailing address:		
	Date and place of death (if applicable): _		
	If Deceased, was the child survived by a	spouse or children: yes	no
REPEAT ON	NBACK OF THIS PAGE IF THERE AR	E ADDITIONAL CHILDRE	N OF THIS MARRIAGE

REPEAT ON SEPARATE PAGE IF THERE ARE ADDITIONAL MARRIAGES.

Children Born to or Adopted by Decedent Outside of Marriage

Were there any children born to or adopted by Decedent ou	itside of marriage (check one)? yes	no
If yes, Children Born to or Adopted Outside of Marriage:		
Child 1: Name:	Birth date:	

Child I:	Name:	Birth date:	
	Birth Place: city	_ county	state
	Present mailing address:		
	Date and place of death (if applicable):		
	If Deceased, was the child survived by a	a spouse or children: yes	no
Child 2	Name:	Birth date:	
	Birth Place: city	_ county	state
	Present mailing address:		
	Date and place of death (if applicable):		
	If Deceased, was the child survived by a	a spouse or children: yes	no
Child 3	Name:	Birth date:	
	Birth Place: city	_ county	state
	Present mailing address:		
	Date and place of death (if applicable):		
	If Deceased, was the child survived by a	a spouse or children: yes	no

REPEAT ON BACK OF THIS PAGE IF THERE ARE ADDITIONAL CHILDREN OUTSIDE OF MARRIAGE

Information on Surviving Spouse

If the Decedent was survived by a spouse on the Decedent's date of death, fill out the following for the surviving spouse:

Has the Surviving Spouse remarried since Decedent's date of death (check one)?	yes	no
If yes, name of Surviving Spouse's next spouse:	& date of	f remarriage

Was the Surviving Spouse married prior to his or her marriage to Decedent (check one)? yes_____ no____

	age ended by Prior Spouse's deat		
Date of	Prior Spouse's death:		
Place of	Prior Spouse's death: city	county	state
	age ended by divorce:		
Date of	Divorce:		
Place of	Divorce: city	county	state
Were there of	children born to or adopted of thi	s marriage (check one)? yes	no
If yes, Child	Iren Born to or Adopted of this M	farriage:	
Child 1:	Name:	Birth date:	
	Birth Place: city	county	state
	Present mailing address:		
	Date and place of death (if appl	icable):	
	If Deceased, was the child survi	ved by a spouse or children: yes	no
Child 2:	Name:	Birth date:	
	Birth Place: city	county	state
	Present mailing address:		
	Date and place of death (if appl	icable):	
	If Deceased, was the child survi	wed by a spouse or children: yes	no
Child 3:	Name:	Birth date:	
	Birth Place: city	county	state
	Present mailing address:		
		icable):	
	If Deceased, was the child survi	ved by a spouse or children: yes	no
REPEAT O	N BACK OF THIS PAGE IF TH	ERE ARE ADDITIONAL CHILD	REN OF THIS MARRIAGE
Were there a	any children born to or adopted b	y the Surviving Spouse outside of	marriage (check one)? yes
no			
If yes, Child	Iren Born to or Adopted by the S	urviving Spouse Outside of Marria	age:
Child 1:	Name:	Birth date:	
	Birth Place: city	county	state
	Present mailing address:		
	Date and place of death (if appl	icable):	
	If Deceased, was the child survi	ved by a spouse or children: yes	no
Child 2:	Name:	Birth date:	
	Birth Place: city	county	state
	Present mailing address:		
		icable):	
		ved by a spouse or children: yes	
Child 3:	Name:	Birth date:	
		county	

Date and place of death (if applicable):

If Deceased, was the child survived by a spouse or children: yes _____ no _____ REPEAT ON BACK OF THIS PAGE IF THERE ARE ADDITIONAL CHILDREN OUTSIDE OF MARRIAGE

Estimated value of the Decedent's estate (one-half community estate and entire separate estate) rounded to the nearest \$50,000.00? \$_____

Special Notes: