

Heirship Affidavit

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	NAME	ADDRESS
CAUSE NUMBER		

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

ANSWER:

NAME	ADDRESS	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:

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 OF CHILD	ADDRESS	DATE OF BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE NAME

Heirship Affidavit

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 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 OF 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	ADDRESS	AGE

Heirship Affidavit

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: _____

Address or short description : _____

County: _____

QUESTION 15: What is your relationship to the deceased?

ANSWER:

DATED THIS THE _____ DAY OF _____, 20____.

SAMPLE DOCUMENT

Signature of Affiant

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, 2000.

NOTARY PUBLIC

My Commission Expires: _____

Filename: AZ-02501
Directory: H:\usforms\forms_working\heirship_affidavit
Template: C:\Program Files\Microsoft Office\Templates\Normal.dot
Title: HEIRSHIP AFFIDAVIT
Subject:
Author: Default
Keywords:
Comments:
Creation Date: 11/02/00 1:45 PM
Change Number: 2
Last Saved On: 11/02/00 1:45 PM
Last Saved By: Frank D. Edens
Total Editing Time: 1 Minute
Last Printed On: 11/02/00 2:25 PM
As of Last Complete Printing
Number of Pages: 5
Number of Words: 903 (approx.)
Number of Characters: 5,151 (approx.)