Prepared by:)				
))) If recorded, return to:)))))))))) above this line for official use only				
HEIRSHIP AFFIDAVIT				
(Heirship of Deceased)				
STATE OF ARIZONA)COUNTY OF)				
BEFORE ME, the undersigned authority, on this day personally appeared, ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting as identification (i.e. drivers license #), and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:				
1. My name is				
2. I knew decedent from (insert date) until (insert date). I was personally well acquainted with the named decedent during his/her lifetime.				
3. The Decedent died on (insert date of death) at the following place of death: (City),, (County), (State) (insert place of death). At the time of decedent's death, decedent's residence address was (Street),				
(City), Arizona,(Zip).(insert address of				
decedent's residence).				
4. I was well acquainted with the family and near relatives of the said decedent, and with all those who under the laws of the State of Arizona, be his/her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.				
QUESTION 1 - Did the decedent leave a will? ANSWER: YES/NO				
QUESTION 2 - If the decedent left a will, has the will been admitted to probate?				
ANSWER: YES/NO/NA. If YES, at what place, and when?				
ANSWER:COUNTY, Arizona,CAUSE NUMBER				
QUESTION 3 - If the decedent left no will, has an administrator or personal representative been appointed for the estate of said deceased? ANSWER : YES/NO				

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:

ANSWEK.					
COUNTY	NA	ME		ADDRESS	
CAUSE NUMBER					
QUESTION 5 - Give the na	ame and address of the surviv	ing widow or wide	ower of decede	nt.	
ANSWER:					
		DRESS If not not death:		w living, state date of	
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.					
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 surviving children only)					
NAME OF CHILD	ADDRESS	DATE OF	IF NOT	HUSBAND OR WIFE	
		BIRTH	LIVING DATE OF DEATH	NAME	

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			HUSBAN	/IVING D OR WIFE AME	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		DRESS OF IF IVING DATE DEATH			ATE OF BIRTH		OF FATHER OR 10THER
QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?							
ANSWER: YES/NO. If yes, prov	ide th				s below:		
NAME		AD	DRESS			A	AGE

QUESTION 11 - Did the decedent have any unpaid debts? ANSWER: YES/NO.

If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

ANSWER:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID

QUESTION 12 - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

ANSWER:

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

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 : Address or short description :	
QUESTION 15: What is your relationship to the deceased?	
ANSWER: DATED THIS THEDAY OFDOGDOGDOGDOGDOG	
SWORN TO AND SUBSCRIBED before me this the day of, 2000.	
My Commission Expires:	

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