Prepared by:		
If recorded, return to:)))))	
HFID	above this line for official use only SHIP AFFIDAVIT	
	Deceased)	
	Deceased)	
STATE OF KENTUCKY)COUNTY OF)		
("AFFIANT") who is personally known to me (this day personally appeared, or, if not being personally known to me, did confirm his/her identity ation (i.e. drivers license #), and appearing to be fully competent and of Affiant's oath the following:	
1. My name is	(insert name of affiant), and I live at (insert address of affiant's residence). I ad marital history of	
("Decedent") (insert name of decedent), a	nd I have personal knowledge of the facts stated in this affidavit.	
	(insert date) until (insert lifetime.	
	(insert date of death) at the	
	(City),, (State) (insert place of death). At the time of decedent's death,	
decedent's residence address was	(state) (insert place of death). At the time of decedent's death,	
	(Street),	
decedent's residence).	(City), Kentucky, (Zip).(insert address of	
would under the laws of the State of Kentuck	y and near relatives of the said decedent, and with all those who y, be his/her heirs. The following statements and the information wers to named questions below, are based upon my personal	
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	e, and when?	
ANSWER:COUNTY, Ke	ntucky , CAUSE NUMBER	
QUESTION 3 - If the decedent left no will, ha estate of said deceased? ANSWER : YES/NO	s an administrator or personal representative been appointed for the	

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:

ANSWER:					
COUNTY	NA	ME		ADDRESS	
CAUSE NUMBER					
QUESTION 5 - Give the na	ame and address of the survivi	ing widow or wide	ower of decede	nt.	
ANSWER:					
NAME	NAME ADDI		DRESS If not now living, state date 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.					
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 BIRTH	IF NOT LIVING DATE OF DEATH	HUSBAND OR WIFE 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			HUSBA	RVIVING AND 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		DRESS OF IF IVING DATE DEATH			ATE OF BIRTH	NAME	E 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, prov	ide th				s below:		
NAME		AD	DRESS				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 :	
QUESTION 15 : What is your relationship to the deceased?	
ANSWER: DATED THIS THE DAY OF DAY OF DOG 20	_
Signature of Affiant	
SWORN TO AND SUBSCRIBED before me this the day of, 2000.	
NOTARY PUBLIC	
My Commission Expires:	

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