

THE DEATON LAW FIRM

RUTH A. HUGHES-DEATON
11119 MCCRACKEN CIRCLE
SUITE C
CYPRESS, TEXAS 77429

TEL: 281-894-4448
FAX: 281-760-4324
EMAIL: rhd@ruthdeaton.com
www.ruthdeaton.com

INFORMATION FORM FOR AFFIDAVIT OF HEIRSHIP

INDIVIDUAL COMPLETING THIS WORKSHEET:

NAME: _____
Mailing Address: _____
Phone Numbers: _____
Relationship to Decedent: _____

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:

1.

2.

DECEDENT:

NAME: First Name: _____ Middle Name: _____
Maiden Name (if applicable): _____ Last Name: _____
Date of Birth: _____
Place of Birth: city _____ county _____ state _____
Date of Death: _____
Place of Death: city _____ county _____ state _____

Decedent's Marriage Just Prior to or At Date of Death:

Spouse's Full Name: First Name: _____ Middle Name: _____
Maiden Name (if applicable): _____ 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 this marriage (check one)? yes _____ no _____

If yes, Children Born to or Adopted of this Marriage¹:

Child 1: 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 _____

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 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 BACK OF THIS PAGE IF THERE ARE ADDITIONAL CHILDREN OF THIS MARRIAGE

Decedent's Prior Marriages (if applicable):

Did the Decedent have any prior marriages? yes _____ no _____

If yes, number of prior marriages: _____

1st Prior Marriage:

Prior Spouse's Full Name: First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____ Last Name: _____

Date of Marriage: _____

Place of Marriage: city _____ county _____ state _____

How did the marriage end (check one)? Decedent's death _____ Prior Spouse's death _____ Divorce _____

If the marriage ended by Prior Spouse's death:

Date of Prior Spouse's death: _____

Place of Prior Spouse's death: city _____ county _____ state _____

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.

Were there children born to or adopted of this marriage (check one)? yes _____ no _____

If yes, Children Born to or Adopted of this Marriage:

Child 1: 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 _____

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 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 BACK OF THIS PAGE IF THERE ARE ADDITIONAL CHILDREN OF THIS MARRIAGE

2nd Prior Marriage:

Prior Spouse's Full Name: First Name: _____ Middle Name: _____

Maiden Name (if applicable): _____ Last Name: _____

Date of Marriage: _____

Place of Marriage: city _____ county _____ state _____

How did the marriage end (check one)? Decedent's death _____ Prior Spouse's death _____ Divorce _____

If the marriage ended by Prior Spouse's death:

Date of Prior Spouse's death: _____

Place of Prior 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 this marriage (check one)? yes _____ no _____

If yes, Children Born to or Adopted of this Marriage:

Child 1: 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 _____

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 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 BACK OF THIS PAGE IF THERE ARE ADDITIONAL CHILDREN 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 outside of marriage (check one)? yes _____ no _____

If yes, Children Born to or Adopted Outside of Marriage:

Child 1: 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 _____

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 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 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 remarriage

Was the Surviving Spouse married prior to his or her marriage to Decedent (check one)? yes _____ no _____

If yes, name of Surviving Spouse's previous spouse: _____

How did the marriage end (check one)? Prior Spouse's death _____ Divorce _____

If the marriage ended by Prior Spouse's death:

Date of Prior Spouse's death: _____

Place of Prior 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 this marriage (check one)? yes _____ no _____

If yes, Children Born to or Adopted of this Marriage:

Child 1: 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 _____

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 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 BACK OF THIS PAGE IF THERE ARE ADDITIONAL CHILDREN OF THIS MARRIAGE

Were there any children born to or adopted by the Surviving Spouse outside of marriage (check one)? yes _____

no _____

If yes, Children Born to or Adopted by the Surviving Spouse Outside of Marriage:

Child 1: 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 _____

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 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 _____

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

Special Notes:
