HEIRSHIP AFFIDAVIT

Heirship of			, Deceased		
State of)				
State of) ss.)				
(NOTE: If the answer	to any of the fol	lowing questions is	"none" or "not applicable", the answer should be so stated.)		
ALL ANSV	WERS SHOULD	BE AS OF THE D	ATE OF DEATH OF THE DECEASED PERSON		
I,and states as follows:	<u> </u>	, the A	Affiant, of lawful age, being first duly sworn, upon oath, deposes		
•	n Decedent for _	years, and	bove named deceased person (the "Decedent"), during his/her that Affiant bears the following relationship to the Decedent:		
			ed this life at, in		
being year			, on or about the day of,,		
			replatives of the Decedent and that the following statements and		
	•	•	er relatives of the Decedent and that the following statements and resonal knowledge of Affiant and are true and correct:		
QUESTION 1 — Did affidavit.	the Decedent leav	e a will? ANSWER	If yes, a copy of the will should be returned with this		
	presentative's lett		d through court proceedings? ANSWER If yes, a applicable, a copy of the order admitting will to probate should be		
QUESTION 3 — Give	e the name and ad	dress of the survivir	ng spouse of the Decedent.		
ANSWER: Name		Add	ress		
QUESTION 4 —State requested:	the names and ad	dresses of all childre	n who survived the Decedent, together with the other information		
Name of Child	Date of Birth	Name of Spouse	Address		
	х.	. ′			
		,			
	×				

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SUDV	IVING SPOUSE
1				
2				*
3				
QUESTION 6 — State the nar	mes of all children of	any predeceased child of	the Decedent	, together with the other
information requested:				
NAME OF CHILD	DATE OF BIRTH	ADDRESS	NAME OF	FATHER AND MOTHER
1	x -	·	_	
2			_	
3				
QUESTION 7 — Did the Deced	dent have any adopted	children? ANSWER	. If yes.	state the name, age, and
address of any adopted children.				
·				
names of the surviving father, nother information requested:	nother, brothers, sisters	s, and children of deceased	brothers or	
names of the surviving father, nother information requested: NAME R	nother, brothers, sisters	es, and children of deceased E ADDRESS IF LIVING OF DEATH IF DEC	OR DATE	PARENTS NAME
names of the surviving father, nother information requested: NAME R	nother, brothers, sisters	s, and children of deceased E ADDRESS IF LIVING OF DEATH IF DEC	OR DATE EASED	PARENTS NAME
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names of the surviving father, nother information requested: NAME R 1	ent leave any unpaid de	s, and children of deceased E ADDRESS IF LIVING OF DEATH IF DECE	OR DATE EASED of yes, state the	PARENTS NAME e approximate amount o
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