AFFIDAVIT OF HEIRSHIP

Heirship of _____, Deceased

State of _____)
) ss.
County of _____)

(NOTE: All questions must be answered; if answer is "none" or "not applicable", please enter "none" or "N/A".)

ALL ANSWERS SHOULD BE AS OF THE DATE OF DEATH OF THE DECEASED PERSON

I,_____, the Affiant, of lawful age, being first duly sworn, upon oath, deposes and states as follows:

Affiant was personally well acquainted with the above named deceased person (the "Decedent"), during his/her lifetime, having known Decedent for _____ years, and that Affiant bears the following relationship to the Decedent: _____.

Affiant further states that the Decedent departed this life at _____, in _____ County, State of _____, on or about the _____ day of _____, _____, being _____ years old on the date of death.

Affiant was well acquainted with the family and near relatives of the Decedent and that the following statements and the answers to the following questions are based upon the personal knowledge of Affiant and are true and correct:

QUESTION 1 — Did the Decedent leave a will? YES _____ NO _____ If yes, a copy of the will should be returned with this affidavit.

QUESTION 2 — Is the Decedent's estate being administered through court proceedings (probate)? YES _____ NO _____ If yes, a copy of the personal representative's letters of office and, if applicable, a copy of the order admitting will to probate should be returned with this affidavit.

QUESTION 3 — Give the name and address of the **surviving spouse** of the Decedent.

Name _____ Address _____

QUESTION 4 — State the name, date of birth, name of spouse, and address of all **biological children who survived** the Decedent:

Name of Biological Child	Date of Birth	Name of Spouse	Address

QUESTION 5 — State the name, date of birth, date of death and surviving spouse of all **biological children who predeceased** the Decedent (If NONE, answer question 6 "NONE" and go to question 7):

	NAME OF BIOLOGICAL CHILD	DATE OF BIRTH	DATE OF DEATH	SURVIVING SPOUSE
1.				
2.				
3.				

QUESTION 6 — State the names of all SURVIVING biological children of any predeceased biological child of the Decedent, together with the other information requested:

	NAME OF CHILD	DATE OF BIRTH	ADDRESS	NAME OF FATHER AND MOTHER
1.				
2.				
3.				

QUESTION 7 — Did the Decedent have any **adopted children**? YES _____ NO _____ If yes, state the name, date of birth, and address of any adopted children.

	NAME OF CHILD	DATE OF BIRTH	ADDRESS
1.			
2.			
3.			

QUESTION 8 — If the Decedent left no descendants (children, grandchildren, great-grandchildren, etc.) then give below the names of the **surviving father, mother, brothers, sisters, and children of deceased brothers or sisters**, together with the other information requested:

	NAME	RELATIONSHIP	AGE	ADDRESS IF LIVING OR DATE OF DEATH IF DECEASED	PARENTS NAME
1.					
2.					
3.					

QUESTION 9 — Did the Decedent leave any unpaid debts? YES _____ NO _____ If yes, state the approximate amount of such debts and whether or not the debts have been paid since the date of death.

_____

_____

_____
Signature of Affiant

Subscribed and sworn to before me this _____ day of _____, 2_____.

_____
Notary Public

My Commission Expires:_____

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