

AFFIDAVIT OF HEIRSHIP

STATE OF _____ DECEDENT _____

COUNTY OF _____ DATE _____

This Affidavit must be completed by a disinterested third party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination.

_____, whose address is _____, hereinafter referred to as "Affiant," being of lawful age and being duly sworn, upon oath deposes and says that he/she was well acquainted with hereinafter referred to as "the Decedent," and that the answers and statements given in the following questionnaire are based upon Affiant's personal knowledge and are true and correct.

1. How long did you know the Decedent?
 1 – 3 years Whole life Other _____
2. How well did you know the Decedent? Very well Well Other _____
3. What was your relationship to the Decedent? _____
4. The Decedent's home was at _____
Decedent died at the age of _____, on _____, _____, at _____
State of _____
5. Did the Decedent leave a Will? Yes No I do not know
6. Was there any time during the Decedent's life when the Decedent was not of sound mind?
 Yes No If Yes, Date(s) _____
7. Have any proceedings been commenced with respect to the Decedent's estate? _____
If so, complete the following sentence to the best of your knowledge: Proceedings were commenced in _____ County, State of _____, and the name of the Executor or Administrator is _____.
8. Are there any debts still owing by the Decedent's estate? Yes No If Yes, will the size of the estate be sufficient in your opinion to pay such debts? Yes No
9. At the time of death was the Decedent Single Married Widow Widower
If married, what was the Decedent's surviving husband's or wife's name? _____
10. If the Decedent was married at the time of death, what is the surviving husband's or wife's present address or, if deceased, when did such surviving husband or wife die? _____
11. How many times was the Decedent married? _____
12. What was the total number of Decedent's children, both natural and adopted? _____
13. If additional space is needed for listing heirs, please provide information as an attachment

Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted.

Name of Child-Natural	Date of Birth	Child's Other Parent	Present Address or Date of Death

14. Were any of Decedent's children adopted? Yes No If Yes, which ones and when:

Name of Child-Adopted	Date of Birth	Child's Other Parent	Present Address or Date of Death

15. Complete the following table with respect to all children of every deceased child (if any) of the Decedent:

Name of Decedent's Deceased Child	Children of the Deceased Child	Date of Birth	Present Address or Date of Death

16. If the Decedent was not survived by any children or grandchildren, then give the names and addresses of Decedent's father, mother and all brothers and sisters:

Name of Relative	Relationship	Age	Present Address or Date of Death

17. If the Decedent was not survived by any children, grandchildren, father, mother, brothers or sisters, then give below the names and addresses of the nearest surviving relatives:

Name of Relative	Relationship	Age	Present Address or Date of Death

Signed this _____ day of _____, 20_____.

SIGNATURE OF AFFIANT

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

By _____

NOTARY PUBLIC SIGNATURE

My commission expires: _____ day of _____, 20_____.