



## AFFIDAVIT OF HEIRSHIP

DECEDENT: \_\_\_\_\_

RE: \_\_\_\_\_

DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, 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?     Vary well     Well     Other: \_\_\_\_\_
3. What was your relationship to the Decedent? \_\_\_\_\_
4. Complete the following sentences: The Decedent's home was at \_\_\_\_\_  
 Decedent died at the age of \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_, 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 and address 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    Divorced    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?    None    Once    Twice    Other: \_\_\_\_\_
12. What was the total number of Decedent's children, both natural and adopted? \_\_\_\_\_  
 Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted:

| Name of Child<br>(Natural) | Date of Birth | Child's Other<br>Parent | Present Address<br>or Date of Death |
|----------------------------|---------------|-------------------------|-------------------------------------|
| _____                      | _____         | _____                   | _____                               |
| _____                      | _____         | _____                   | _____                               |
| _____                      | _____         | _____                   | _____                               |
| _____                      | _____         | _____                   | _____                               |
| _____                      | _____         | _____                   | _____                               |

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

| Name of Child (Adopted) | When Adopted | Living or Deceased | Address |
|-------------------------|--------------|--------------------|---------|
| _____                   | _____        | _____              | _____   |
| _____                   | _____        | _____              | _____   |
| _____                   | _____        | _____              | _____   |
| _____                   | _____        | _____              | _____   |
| _____                   | _____        | _____              | _____   |

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

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

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

| Name of Relative | Relationship | Age   | Present Address or Date of Death |
|------------------|--------------|-------|----------------------------------|
| _____            | _____        | _____ | _____                            |
| _____            | _____        | _____ | _____                            |
| _____            | _____        | _____ | _____                            |
| _____            | _____        | _____ | _____                            |
| _____            | _____        | _____ | _____                            |

16. 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  | Relationship | Age   | Present Address |
|-------|--------------|-------|-----------------|
| _____ | _____        | _____ | _____           |
| _____ | _____        | _____ | _____           |
| _____ | _____        | _____ | _____           |
| _____ | _____        | _____ | _____           |
| _____ | _____        | _____ | _____           |

Additional Remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affiant's Signature \_\_\_\_\_

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

Notary Public Signature: \_\_\_\_\_

My commission expires \_\_\_\_\_, 20\_\_\_\_.