

AFFIDAVIT OF HEIRSHIP

(FILL IN ALL BLANKS)

STATE OF _____ §

COUNTY OF _____ §

NAME OF DECEDENT:		DATE OF DEATH:		AGE:	
DECEDENT'S ADDRESS:		CITY/STATE/ZIP:			

AFFIANT'S Name: _____ and address is:
[Name of person filling out form (cannot be an heir of the deceased)]

I am of lawful age and being duly sworn, upon oath, deposes and say that I was well acquainted, **but not an heir** of the deceased:
_____, hereinafter referred to as "the Decedent,"
(Name of the deceased)

and that the answers and statements given in the following questionnaire are based upon the Affiant's personal knowledge and are true and correct:

1. How long did you know the Decedent? Years ____ Whole Life ____ Other ____
2. How well did you know the Descendent? Very Well ____ Well ____ Other ____
3. What was your relationship to the Decedent? _____
4. Did the Decedent leave a will? Yes ____ No ____ I don't know _____
5. Was there any time during the Decedent's life when the Decedent was not of sound mind? Yes ____ No ____
6. Have any proceedings been commenced with respect to the Decedent's estate? Yes ____ No ____
If yes, complete the following to the best of your knowledge: Proceedings were commenced in _____ County / State
and the administrator is: _____, residing at: _____
Administrator's Name Administrator's Address
7. 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 ____
8. At the time of death was the Decedent Single ____ Married ____ Divorced ____ Widow ____ Widower ____
If married, what was the Decedent's surviving spouse's name? _____
9. If the Decedent was married at the time of death, what is the date of marriage, surviving spouse's present address or, if deceased, when did such surviving spouse die? _____
Date of Marriage Address or Date of Death
10. How many times was the Decedent married? None ____ or ____ time(s).

11. If one or more former spouses is deceased or divorced, state name, when and where such death or divorce occurred. If deceased, specify whether or not married to Decedent at the time of death.

Name of Former Spouse	Date of Death	Date of Divorce	Place of Death or Place of Divorce	If deceased, were they married to Decedent at time of death?

12. What is the total number of Decedent's children by any spouse? _____
 Complete the following table with respect to all children of the Decedent, whether living or deceased:

Name of Child	Date of Birth & Age	Name of Child's other Parent	Mailing Address or Date of Death

13. Were any of Decedent's children adopted? Yes _____ No _____ If Yes, which one(s) and when?

Name of Adopted Child	Date of Adoption	Living or Deceased	Mailing Address or Date of Death

NOTE: If any child (natural or adopted) is now deceased, complete item #15 below, and furnish a separate Affidavit of Heirship for such child.

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

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

15. If any children or grandchildren did not survive the Decedent, 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 the names and addresses of the nearest surviving relatives:

Relative(s) Name	Relationship	Age	Present Address

17. Additional Remarks (such as being a relative of, or attorney or agent for, deceased) which will show basis and source of information hereinbefore given:

ACKNOWLEDGEMENT

AFFIANT: _____
Signature *Printed Name*

AFFIANT's PHONE/ EMAIL: _____ / _____

WITNESS: _____
Signature *Printed Name*

Subscribed and sworn to be this _____ day of _____, 20____.
(month) (yr)

 Notary Public Signature *(Notary seal)*

 Notary Public Printed Name

My Commission expires: _____, 20____