

AFFIDAVIT OF HEIRSHIP

INSTRUCTIONS

An Affidavit of Heirship can be used to establish heirs of a deceased person when there is no probated will. To use an Affidavit of Heirship for this purpose please follow the instructions below:

- The persons (affiants) signing the Affidavit of Heirship **cannot be listed as heirs**. Typically, the affiants of the affidavit are friends of the family.
- The signatures of the persons (affiants) signing the affidavit of heirship must be notarized by a notary public.
- List all of the heirs at the time of the decedent's death. For example, list the spouse and all children. If any of these persons are now deceased, please label the person as "deceased."
- Provide a copy of the **death certificate** along with the Affidavit of Heirship.

STATE OF _____ COUNTY OF _____

I, _____ of _____, _____
(Address) (City, State, Zip)

And I, _____ of _____, _____
(Address) (City, State, Zip)

both, of lawful age, being first duly sworn state that the statements hereinafter set forth, including answers to questions, constitute a true and correct statement of the family history of the deceased person, hereinafter named as the "decedent" and of the estate of such decedent.

Name of decedent: _____

Date of death: _____ Place of death: _____

Was the decedent married or single at the time of death? _____ If married at death, what is the surviving spouse's name and current mailing address (if living): _____

If decedent was married one or more times, give the following information (list names in order of marriage):

Name of Spouse	Living or Dead (If dead, give date of death)	Divorce (Date Finalized)	Place of death or divorce (City, County, State)
_____	_____	_____	_____
_____	_____	_____	_____

If decedent had any children by any spouse, give the following information:

Name of child	Address	Current Age	Son/Daughter	Living or Dead (If dead, give date of death)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If decedent had any other children (adopted or illegitimate), give the following information:

Name of child	Address	Current Age	Son/Daughter	Living or Dead (If dead, give date of death)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any of the above-named children are deceased, please provide the following information for their heirs:

(Please include their surviving spouse and any children, either natural or adopted)

Name of deceased child	Heir (Spouse or child of deceased child)	Address	Current Age	Living or Dead (If dead, give date of death)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If the decedent left no surviving spouse and no children of deceased children, give the following information:

Name	Address	Living	Date of Death
FATHER: _____	_____	_____	_____
MOTHER: _____	_____	_____	_____

If the decedent left no surviving spouse and no children of deceased children, give the following information:

Siblings:	Name	Address	Living	Date of Death
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Did the decedent leave a will? _____

Have any proceedings been commenced with respect to the decedent's estate? _____ If yes, please answer the following to the best of your knowledge: _____

Proceedings were commenced in _____ County/ Parish, State of _____, and the name of the executor or administrator of the estate is _____, whose address is _____

Affiant ONE (1) states that he/she was well acquainted with the financial condition of the decedent and knows the decedent died solvent and that all debts against the decedent's estate were paid.

State your relationship with the decedent, how long and how well you knew the decedent and the decedent's family:

Further, affiant sayeth not.

Affiant Signature (Affiant ONE)

Witness:

Witness Signature:

Witness Signature

Witness Printed Name

Witness Printed Name

Address

Address

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, 20__.

Notary Public, _____ County, State of _____

My Commission Expires: _____

Affiant TWO (2) states that he/she was well acquainted with the financial condition of the decedent and knows the decedent died solvent and that all debts against the decedent's estate were paid.

State your relationship with the decedent, how long and how well you knew the decedent and the decedent's family:

Further, affiant sayeth not.

Affiant Signature (Affiant TWO)

Witness:

Witness Signature

Witness Signature

Witness Printed Name

Witness Printed Name

Address

Address

SUBSCRIBED AND SWORN TO BEFORE ME on this _____ day of _____, 20__.

Notary Public, _____ County, State of _____

My Commission Expires: _____