

AFFIDAVIT OF HEIRSHIP

STATE OF _____ () DECEDENT: _____
 COUNTY/PARISH OF _____ () RE: _____
 () DATE: _____

_____, who resides at _____, 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 _____, the above named Decedent during his/her lifetime, 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. Complete the following sentences: The Decedent's home was at _____.
 Decedent died at the age of _____, on _____, 20_____, at _____,
 (hospital/facility) in _____ County, 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? Yes No.
 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 (Natural)	Date of Birth	Child's Other Parent	Present Address 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 | Present Address |
|----------------------------|-----------------|-----------------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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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:

Further Affiant saith not.

Affiant's Signature:

STATE OF _____ ()
 COUNTY/PARISH OF _____ ()

Signed and sworn to before me, a Notary Public, this _____ day of _____,
 20____ by _____ ("Affiant").

SEAL

Signature of notarial officer

Notary Public, State of _____,
 My commission expires: _____.