

AFFIDAVIT OF HEIRSHIP OF _____

State of _____)

County of _____) ss.

_____, of lawful age, being first
duly sworn, upon his/her oath deposes and says:

That he/she was personally well acquainted with _____
_____ (hereinafter referred to as decedent)
during his/her lifetime, having known him/her for _____
_____ years, and that affiant bears the following
relationship to said decedent, to-wit: _____
_____.

Affiant further states that the said decedent departed this life
at _____, in the County of _____
_____, State of _____, on or
about _____, 19__ (attach copy of death
certificate).

Affiant further states that he/she was acquainted with the family
and relatives of the said decedent, and the value and nature of
the property owned by the decedent, and the value and nature of
the property owned by the decedent at the time of his/her death.
The following statements and answers to the following questions
are based upon the personal knowledge of affiant and are true and
correct:

1. (a) Was an estate ever opened for said decedent in a court
of law? _____

(b) If so, when, where and what was the case number?

2. Did the decedent leave a will? _____ (attach copy,
if any)

3. Give the name of any spouse of the decedent who lived longer
than the decedent: _____

4. Give the approximate date that any surviving spouse later died:

5. List the names of all children of the decedent. Include all children by any marriage, illegitimate children and adopted children.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. (a) Give the names of any children listed at 5 (above) who died before the decedent:

Name	Date of Death
_____	_____
_____	_____
_____	_____

(b) Give the names of the children of any children listed at 6 (a):

Name if now deceased	Date of Death	Parents
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If there were no descendants (children, grandchildren, etc.) of the decedent living at the time of his/her death, then list the names of the father, mother, brothers and sisters of the decedent, and, if applicable, the dates of their deaths.

Date of Death	Name	Relationship if now deceased
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Affiant further states that all debts of the decedent, including the funeral and burial expenses and any final medical bills, have been paid in full, and that the value of all property owned by the decedent at the time of his/her death did not exceed \$

_____.

Signature of Affiant _____

Address of Affiant _____

Telephone (Days) _____

(Evenings) _____

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

Notary Public