

AFFIDAVIT OF HEIRSHIP

*THIS AFFIDAVIT MUST BE FILED
 IN THE COUNTY CLERK'S RECORD.*

| | |
|----------------------------|---------------------|
| Reported owner name: _____ | Claim number: _____ |
|----------------------------|---------------------|

This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: _____

Before me, the undersigned authority, on this day personally appeared: _____
 ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: _____.

I live at: _____

I am personally familiar with the family and marital history of: _____
 (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from _____ until _____ Decedent died on _____.

Decedent's place of death: _____

At the time of decedent's death, decedent's residence was: _____
CITY STATE COUNTY

CITY STATE COUNTY

3. Provide the following information on the deceased's marital history:
(If never married, please state that below.)

| NAME OF SPOUSE | DATE OF MARRIAGE | DATE OF DIVORCE | DATE OF SPOUSE'S DEATH |
|----------------|------------------|-----------------|------------------------|
| | | | |
| | | | |
| | | | |

4. Provide the following information on the deceased's natural born and adopted children:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

| NAME OF CHILD/ CURRENT ADDRESS | DATE OF BIRTH | NAME OF CHILD'S OTHER PARENT | DATE OF CHILD'S DEATH |
|-----------------------------------|---------------|---------------------------------|-----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
(If there are none, please state that below.)

| NAME OF CHILD/ CURRENT ADDRESS | DATE OF BIRTH | NAME OF GRANDCHILD'S DECEASED PARENT |
|-----------------------------------|---------------|---|
| | | |
| | | |
| | | |
| | | |

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

| DECEASED'S PARENTS | PARENT'S NAME/ CURRENT ADDRESS | PARENT'S DATE OF DEATH |
|--------------------|-----------------------------------|------------------------|
| MOTHER | | |
| FATHER | | |

| | |
|----------------------|---------------|
| Reported owner name: | Claim number: |
|----------------------|---------------|

7. Provide the following information on the deceased's brothers and/or sisters:
(If there are none, please state that below.)

| NAME OF BROTHER OR SISTER/ CURRENT ADDRESS | DATE OF BIRTH | BROTHER'S OR SISTER'S DATE OF DEATH |
|---|---------------|--|
| | | |
| | | |
| | | |
| | | |

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

| NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS | DATE OF BIRTH | NAME OF NIECE OR NEPHEW'S DECEASED PARENT |
|---|---------------|--|
| | | |
| | | |
| | | |
| | | |

Signed this ____ day of _____, _____.

_____ (SIGNATURE OF AFFIANT)

State of _____

County of _____

Sworn to and subscribed to before me on _____ (DATE)

by _____ (NAME OF AFFIANT)

_____ (NOTARY SIGNATURE)

(Notary Seal)

My commission expires: ____ day of _____, _____.