

AFFIDAVIT OF HEIRSHIP

UNIT: _____

(Decedent)

STATE OF _____

COUNTY/PARISH OF _____

_____, whose address is _____
_____ hereinafter referred to as "Affiant," being of lawful age and being duly sworn, upon oath deposes and says that (s)he was well acquainted with _____ hereinafter referred to as "the Decedent," 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? _____
2. What was your relationship to the Decedent? _____
3. Complete the following sentences: The Decedent's home was at _____
_____. Decedent died at the age of _____ on
_____ 20_____ at _____ State of _____.
4. Did the Decedent leave a will? _____ If the Decedent did leave a will, please attach copy of same hereto.
5. Have any proceedings been commenced with respect to the Decedent's estate? _____ 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 _____.
6. Are there any debts still owing by the Decedent's estate and if so, will the size of the estate be sufficient in your opinion to pay such debts? _____
7. Have all Federal and State Inheritance taxes been paid? (If none due, so state.) _____
8. Was the interest in the above described property community or separate? _____
9. Was the property of the deceased as described on this affidavit a homestead? _____

10. Give the names of all spouses of the decedent and their address or date of death:

NAME OF SPOUSE	DATE OF MARRIAGE	ADDRESS OR DATE OF DEATH

11. Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted.

NAME OF CHILD	BIRTH DATE	BY WHICH SPOUSE	ADDRESS OR DATE OF DEATH

12. Were any of the Decedent's children adopted and if so, which one(s) and when? _____

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

NAME OF RELATIVE	CHILDREN OF THE DECEASED CHILD	ADDRESS OR DATE OF DEATH

14. 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	ADDRESS OR DATE OF DEATH

14. 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 (continued):

NAME OF RELATIVE	RELATIONSHIP	ADDRESS OR DATE OF DEATH

15. If any of decedent's brothers or sisters listed above are deceased, give the name and address of the deceased sibling's children.

NAME OF RELATIVE	RELATIONSHIP	ADDRESS OR DATE OF DEATH

Affiant's Signature

STATE OF _____

COUNTY/PARISH OF _____

_____, of lawful age, being first duly sworn, upon his oath states that the information given in the above and foregoing affidavit is true to the personal knowledge of this affiant.

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

Notary Public

My Commission expires _____