

**AFFIDAVIT OF HEIRSHIP**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ ("Affiant"), whose address is \_\_\_\_\_, being of lawful age and being duly sworn, on oath deposes and says that (s) he was well acquainted with \_\_\_\_\_ ("Decedent") and that the following answers and statements are based on Affiant's personal knowledge and are true, correct and complete to the best of Affiant's knowledge and belief:

**SOURCE OF AFFIANT'S KNOWLEDGE:**

How long did you know Decedent? \_\_\_\_\_

What was your relationship to Decedent? \_\_\_\_\_

**DECEDENT'S DEATH:**

Decedent died at the age of \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_, in (city) \_\_\_\_\_, State of \_\_\_\_\_.

**ADMINISTRATION OF DECEDENT'S ESTATE:**

Did Decedent leave a Will? \_\_\_\_\_

If so, has it been probated? \_\_\_\_\_, Where? \_\_\_\_\_

If no will has been probated, has there been any other administration proceeding to Decedent's estate? \_\_\_\_\_

Are there any debts still owed by Decedent's estate \_\_\_\_\_ and will the estate be able, in your opinion, to pay them? \_\_\_\_\_

**DECEDENT'S MARITAL STATUS:**

Had Decedent ever been married? \_\_\_\_\_

If Decedent was ever married, Please fill in the following table for each marriage:

<u>Name of Spouse</u>	<u>Nature of Termination</u> (if applicable, i.e. death or divorce, blank if not terminated)	<u>Date Marriage</u> <u>Terminated (if applicable)</u>	<u>Present Address or</u> <u>Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____

**DECEDENT'S CHILDREN:**

What was the total number of Decedent's children, both born to Decedent and adopted? \_\_\_\_\_

Please fill in the following table for all children of Decedent, whether living or dead, born to Decedent or adopted (**must list all children regardless if address is known or unknown. If deceased, list all deceased child's surviving children. Can add addendum if necessary to list all names**):

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Name of Child's Other Parent</u>	<u>Present Address or Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DECEDENT'S OTHER RELATIVES:** (needed only if no surviving spouse, children or grandchildren)

*If Decedent left no surviving spouse, children or grandchildren*, please give the names of Decedent's father, mother, brothers and sisters, or *if none*, please give the name of any surviving relatives:

<u>Name of Relative</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Present Address</u>
_____	_____	_____	_____
_____	_____	_____	_____

SUBSCRIBED AND SWORN TO THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
AFFIANT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Public in and for \_\_\_\_\_  
County/Parish, State of \_\_\_\_\_