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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:

1. How long did you know Decedent? _____
2. What was your relationship to Decedent? _____

DECEDENT'S DEATH:

3. Decedent died at _____ years of age, on _____, _____ (date) in _____ (city), State of _____.
4. At the time of death, Decedent was a resident of _____ (county), _____ (state)

DECEDENT'S REAL PROPERTY:

5. To the best of my knowledge, Decedent owned an interest in the following real property

ADMINISTRATION OF DECEDENT'S ESTATE:

6. Did Decedent leave a Will? _____
7. If so, has it been probated? _____
8. If the Will has been probated, complete the following sentence to the best of your knowledge: Probate proceedings were commenced in _____ County, State of _____, and the name of the executor, administrator, or personal representative is _____ (name), whose address is _____.
9. Have such probate proceedings been formally closed or do they remain open? _____.
10. If no Will has been probated, has there been any other administration proceeding to Decedent's estate? _____.
11. Are there any debts, estate taxes, or inheritance taxes still owed by Decedent's estate? _____.

DECEDENT'S MARITAL STATUS:

12. At the time of death, was Decedent single, married, divorced, a widow or widower? _____
13. If Decedent was survived by a spouse, what was the Decedent's surviving husband's or wife's name? _____.
14. If Decedent was ever married, please fill in the following table for each marriage (If never married, please state that below):

<u>Name of Spouse</u>	<u>Date of Marriage</u>	<u>Nature of Termination</u> (if applicable, i.e., death or divorce, leave blank if not terminated)	<u>Date of Marriage Termination</u> (leave blank if not terminated)	<u>Present Address</u> (if currently living)
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DECEDENT'S CHILDREN:

15. What was the total number of the Decedent's children, both born to Decedent and adopted? _____

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16. Please fill in the following table for all children of Decedent, whether living or dead, born to, or adopted by Decedent (Must list all children regardless if address is known or unknown. If additional space is needed, please provide information as an attachment. If there are none, please state that below).

<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 GRANDCHILDREN (BORN TO DECEASED CHILDREN):

17. If there is neither a currently-living surviving spouse nor a currently-living surviving child identified in paragraphs 14 or 16, please fill in the following table for all grandchildren of Decedent born to or adopted by the deceased children of Decedent (If there are none, please state that below. If additional space is needed, please provide information as an attachment.).

<u>Name of Grandchild</u>	<u>Date of Birth</u>	<u>Names of Grandchild's Parents</u>	<u>Present Address or Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECEDENT'S PARENTS:

18. If Decedent never married and did not have any children, provide the following information on the Decedent's parents (If not applicable, please state that below).

<u>Decedent's Parents</u>	<u>Parent's Name</u>	<u>Present Address or Date of Death</u>
Mother	_____	_____
Father	_____	_____

DECEDENT'S SIBLINGS:

19. If Decedent never married and did not have any children, provide the following information on the Decedent's siblings (If not applicable, please state that below).

<u>Name of Sibling</u>	<u>Date of Birth</u>	<u>Sibling's Date of Death</u>	<u>Present Address (if currently living)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DECEDENT'S NIECES OR NEPHEWS (BORN TO DECEASED SIBLING):

20. If none of the individuals identified in paragraphs 14, 16, 18, or 19 are currently alive, please fill in the following table for all nieces or nephews of Decedent that are born to, or adopted by the deceased siblings of Decedent (If there are none, please state that below. If additional space is needed, please provide information as an attachment.).

<u>Name of Niece or Nephew</u>	<u>Date of Birth</u>	<u>Name of Niece or Nephew's Deceased Parent</u>	<u>Present Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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SUSCRIBED AND SWORN TO THIS _____ DAY OF _____, 20_____

Affiant's Signature

Printed Name

STATE OF _____)
COUNTY OF _____) ss.

This instrument was acknowledged before me this ____ day of _____, 20____ by _____.

My Commission Expires:

Notary Public in and for _____
County/Parish, State of _____