



## AFFIDAVIT OF HEIRSHIP

13. Were any of Decedent's children adopted?  Yes  No If Yes, which ones and when.

Name of Child (Adopted)	When Adopted	Living or Deceased	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name of the Decedent's Deceased Child	Children of the Deceased Child	Date of Birth	Present Address or Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. 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	Age	Present Address or Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. If the Decedent was not survived by any children, grandchildren, father, mother, brothers or sisters, then give below the names and addresses of the nearest surviving relatives:

Name	Relationship	Age	Present Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Affiant's Signature: \_\_\_\_\_

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

Notary Public Signature: \_\_\_\_\_

My commission expires \_\_\_\_\_, 20\_\_\_\_\_.