

AFFIDAVIT OF HEIRSHIP

	DECEDENT:
	RE:
STA	TE OF () DATE:
	()ss. NTY OF ()
acqu ansv	, whose address is, hereinafter red to as "Affiant," being of lawful age and being duly sworn, upon oath deposes and says that he (she) was well rainted with hereinafter referred to as "the Decedent," and that the wers and statements given in the following questionnaire are based upon Affiant's personal knowledge and are true correct:
1.	How long did you know the Decedent? □ 1-3 years □ Whole life □ Other
2.	How well did you know the Decedent? □ Very well □ Well □ Other
3.	What was your relationship to the Decedent?
4.	Complete the following sentences: The Decedent's home was at Decedent died at the age of, on, 2O, at, State of
5.	Did the Decedent leave a will? □ Yes □ No □ I do not know
6.	Was there any time during the Decedent's life when the Decedent was not of sound mind? ☐ Yes ☐ No If Yes, Date(s)
7.	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
8.	Are there any debts still owing by the Decedent's estate? \Box Yes \Box No \Box If Yes, will the size of the estat
	be sufficient in your opinion to pay such debts? ☐ Yes ☐ No
9.	At the time of death was the Decedent Single Married Divorced Widow Widower. If married, what was the Decedent's surviving husband's or wife's name?
10.	If the Decedent was married at the time of death, what is the surviving husband's or wife's present address or, if deceased, when did such surviving husband or wife die?
11.	How many times was the Decedent married? None Once Twice Other
12.	What was the total number of Decedent's children, both natural and adopted? Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted
	Name of Child Child's Other Present Address (Natural) Date of Birth Parent or Date of Death



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(Adopted)	When Adopted	Living or Deceased	Address
Complete the following	g table with respect to a	all children of every deceased child	(if any) of the Decedent:
Name of the	Children of	Date of	Present Address or
Decedent's Deceased Child	the Deceased Child	Birth	Date of Death
	ot survived by any child er, mother, and all brot	ren or grandchildren, then give be thers and sisters:	low the names and addresses
Name of Relative	Relationship	Ago	Present Address or Date of Death
Name of helative	neiadolisilip - ————	Age 	or pare or pearl
	<u> </u>		
elow the names and a	daresses of the heares	t surviving relatives:	
Name	Relationship	Age	Present Address
			Present Address
			Present Address
Name		Age	
Name		Age	Present Address
Name	Relationship	Age	
Name tional Remarks:	Relationship	Affiant's Signature:	
litional Remarks:	Relationship	Affiant's Signature:	, 20