

DEATH AND HEIRSHIP AFFIDAVIT

STATE OF _____ §
 COUNTY OF _____ §

_____, of _____,
 (Name of Person Giving Information) (City, State)

Being of lawful age, being first duly sworn according to law, on oath says:

That the statements hereinafter set forth, including answers to questions posed, constitute a true, correct and complete statement of the family history of the person hereinafter named as "Decedent" (deceased person) and of the estate of such Decedent.

Name of Decedent _____

Date Decedent died _____ Where? _____
 (City, State)

Did Decedent leave a Will? _____ If so, has the Will been probated? _____

Or have other administration proceedings been had on Decedent's estate? _____

If so, when? _____ Where? _____

Were there any unpaid debts or obligations due by Decedent at the time of _____ his/her death? _____ If so, give the following information:

To Whom Owing	Amount	Nature of Debt	Paid – Unpaid now

Was Decedent surety on any bond at the time of his/her death? _____

Were there any suits pending, or any judgments rendered in any court, against Decedent at the time of his/her death?

 If so, state briefly the nature, amount involved and parties to the action:

Was Decedent married or single at time of death? _____

If married, to whom? _____ Address: _____

Was Decedent ever married to any other than above-named person? _____

If so, give the following information: (List names in order of marriage)

Name of Spouse	Living or Dead	Divorced	Date of Death or Divorce

If Decedent had any children by any spouse, give the following information:

Name of Child	Date of Birth	Address	Living or Dead	Date of Death	By Which Spouse

If a deceased child left decedents, give following information:

Name of deceased child	Name of Child	Date of Birth	Address	Living or Dead	Date of Death
Name of spouse, if married					

Name of deceased child	Name of Child	Date of Birth	Address	Living or Dead	Date of Death
Name of spouse, if married					

Name of deceased child	Name of Child	Date of Birth	Address	Living or Dead	Date of Death
Name of spouse, if married					

If Decedent left no surviving spouse and no children or decedents of deceased children, then please furnish the following information:

Name of Parents	Address	Living or Dead	Date of Death
Father			
Mother			

Give names of brothers and sisters of Decedent:

Name	Relation	Address	Living or Dead	Date of Death

Give names of children of deceased brother or sister:

Name of Child	Child of	Date of Birth	Address	Living or Dead

Below briefly state facts and circumstances (such as being a relative of, or attorney or agent for, deceased) which will show basis and source of information hereinbefore given:

Further affiant saith not.

Affiant

Subscribed and sworn to this _____ day of _____, _____.

(SEAL)

Notary Public

Printed Name of Notary
My Commission Expires: _____

STATE OF _____ §

COUNTY OF _____ §

Before me, a Notary Public, on this day personally appeared _____, known or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

(SEAL)

Notary Public

Printed Name of Notary
My Commission Expires: _____

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TO BE COMPLETED BY AN ADDITIONAL PERSON (AFFIANT) WHO KNEW THE DECEDENT, WHO IS NOT A PARENT, SIBLING OR CHILD OF THE DECEDENT AND IS CONFIRMING THAT THE INFORMATION PROVIDED BY THE FIRST AFFIANT IS TRUE AND CORRECT. HAVE THE SWORN STATEMENT ACKNOWLEDGED BY A NOTARY.

SUPPORTING AFFIDAVIT

STATE OF _____

§

COUNTY OF _____

§

_____, of _____,
(Name of Person Giving Information) (City, State)

Being of lawful age, being first duly sworn according to law, on oath says:

That this affiant was well and personally acquainted with _____
(Name of Decedent)

in his/her lifetime; that this affiant has read the foregoing Death and Heirship Affidavit, knows the contents thereof, and that each and every statement therein contained is true, to the best of his/her knowledge and belief.

Further affiant saith not.

Affiant

Subscribed and sworn to before me this ____ day of _____, _____

(SEAL)

Notary Public

Printed Name of Notary
My Commission Expires: _____

STATE OF _____

§

COUNTY OF _____

§

Before me, a Notary Public, on this day personally appeared _____, known or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this ____ day of _____, _____

(SEAL)

Notary Public

Printed Name of Notary
My Commission Expires: _____

EXHIBIT "A"
ATTACHED TO AND MADE PART OF THAT CERTAIN
DEATH AND HEIRSHIP AFFIDAVIT OF _____, DECEASED