

## AFFIDAVIT OF DEATH AND HEIRSHIP

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 information set forth herein constitutes 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 of Death \_\_\_\_\_ What was Decedent's state of residence at the time of death? \_\_\_\_\_

Did Decedent leave a Will? Yes \_\_\_ No \_\_\_ Unk \_\_\_ If yes, has the Will been probated? Yes \_\_\_ No \_\_\_ Unk \_\_\_

If not, have any other administrative proceedings been initiated on Decedent's estate? Yes \_\_\_ No \_\_\_ Unk \_\_\_

If a probate or other administrative proceeding has occurred please provide the following information:

Where (City, State)? \_\_\_\_\_

Appx when: \_\_\_\_\_ Case Number if known? \_\_\_\_\_

**(Attach copy of Letters Testamentary, Will, Order Admitting Will to Probate and Final Decree as Exhibit "B")**

Was the property listed on Ex "A" acquired by gift or inheritance? Yes \_\_\_ No \_\_\_ Unk \_\_\_ If no, date acquired: \_\_\_\_\_

Are there any outstanding debts, liens, suits, or judgments against the Decedent's estate? Yes \_\_\_ No \_\_\_ Unk \_\_\_

If so, will the estate be sufficient in your opinion to cover such debt, lien, suit, or judgment? Yes \_\_\_ No \_\_\_ Unk \_\_\_

At the time of death was Decedent: Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced \_\_\_

If married, Spouse's full name is: \_\_\_\_\_ Now Alive? Yes \_\_\_ No \_\_\_ Unk \_\_\_

Spouse's Last known Address or State of Residence: \_\_\_\_\_

Was Decedent married more than once? Yes \_\_\_ No \_\_\_ Unk \_\_\_ If yes, provide the following information:

Name of Spouse	Now Living?	Divorced?	Appx Date of Death/Divorce	Last known Address or State of Residence
1.				
2.				

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

<b>Name of Child 1:</b>				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
<b>Name of Child 2:</b>				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
<b>Name of Child 3:</b>				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
<b>Name of Child 4:</b>				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
<b>Name of Child 5:</b>				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
<b>Name of Child 6:</b>				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?

If a deceased child left descendants, provide the following information – if none please so state:

Name of Deceased child 1:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Name of Deceased child 2:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Name of Deceased child 3:				
Next of Kin Name	Relationship	Last Known Address or State of Residence	Appx Age	Date of Death, if decd
	Spouse			

Answer the following only if Decedent left no surviving spouse, children, or descendants of deceased children:

Father's Name: \_\_\_\_\_ Alive? Yes \_\_\_ No \_\_\_ Unk \_\_\_ Date of Death: \_\_\_\_\_

Last Known Address or State of Residence \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Alive? Yes \_\_\_ No \_\_\_ Unk \_\_\_ Date of Death: \_\_\_\_\_

Last Known Address or State of Residence \_\_\_\_\_

Did Decedent have brothers or sisters: Yes \_\_\_ No \_\_\_ Unk \_\_\_ If yes, provide the following information:

Name:			
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	

Name:			
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	

Name:			
Last Known Address or State of Residence	Date of Death, if decd	Brother or Sister?	

Below briefly state facts and circumstances (such as being a relative, friend, acquaintance, attorney, etc. of decedent) which will show basis and source of information hereinbefore given including how many years you've been acquainted with the decedent:

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Further affiant sayeth not.

\_\_\_\_\_  
Affiant

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
Printed Name of Notary  
My Commission Expires:\_\_\_\_\_

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

§

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

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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 \_\_\_\_\_, 20\_\_\_\_

(SEAL)

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
Printed Name of Notary  
My Commission Expires:\_\_\_\_\_

**Exhibit "A"**  
**Attached to and part of that certain Affidavit of Death and Heirship for**  
**\_\_\_\_\_ (Decedent)**

Legal Description: