

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:

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

Name of Child 5:				
Appx Age or Birth Date	Alive?	Date of Death, if decd	Last Known Address or State of Residence	By which Spouse?
Name of Child 6:				
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:

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 _____ §

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: