**AFFIDAVIT OF HEIRSHIP**

RE: ESTATE OF

[NAME OF DECEDENT]

I, [NAME OF AFFIANT], being duly sworn, depose and say:

1. I am over the age of 18 and reside at [AFFIANT'S FULL ADDRESS].
My relationship to the decedent is [DESCRIBE RELATIONSHIP]. I knew the decedent for [#] years from [DATE] until the decedent’s death.
2. The decedent died on [DATE], and their place of death was [PLACE OF DEATH]. At the time of their death, the decedent’s residence was at [DECEDENT'S LAST ADDRESS].
3. I hereby answer the following based on my personal knowledge of the decedent and they are true and correct to the best of my knowledge:
	1. Did the decedent leave a will? [ ]  Yes [ ]  No
* If yes, has it been filed with probate? [ ]  Yes [ ]  No
	+ If yes, in what county and state? [NAME OF COUNTY AND STATE]
	1. If the decedent did not leave a will, has there been an administration of their estate? [ ]  Yes [ ]  No
* If yes, in what county and state? [NAME OF COUNTY AND STATE]
	+ If yes, who is the appointed administrator? [NAME OF ADMINISTRATOR]
	1. At the time of death, the decedent’s marital status was:

[ ]  Married [ ]  Divorced [ ]  Single [ ]  Widowed

1. The decedent’s marital history is as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Spouse** | **Date of** **Marriage** | **Date of Divorce** | **Date of Death** |
| [NAME OF SPOUSE1] | [DATE] | [DATE] | [DATE] |
|      ASDF [NAME OF SPOUSE2] | [DATE] | [DATE] | [DATE] |
| [NAME OF SPOUSE3] | [DATE] | [DATE] | [DATE] |
| [NAME OF SPOUSE4] | [DATE] | [DATE] | [DATE] |
| [NAME OF SPOUSE5] | [DATE] | [DATE] | [DATE] |
| [NAME OF SPOUSE6] | [DATE] | [DATE] | [DATE] |

1. The decedent had the following children (biological or adopted):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Child** | **Date of Birth** | **Address** | **Spousal Parent** | **Date of Death** |
| [NAME OF CHILD1] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |
| [NAME OF CHILD2] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |
| [NAME OF CHILD3] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |
| [NAME OF CHILD4] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |
| [NAME OF CHILD5] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |
| [NAME OF CHILD6] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |
| [NAME OF CHILD7] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |
| [NAME OF CHILD8] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |
| [NAME OF CHILD9] | [DATE] | [ADDRESS] | [PARENT NAME] | [DATE] |

1. If the decedent had any deceased children who were survived by their own children, fill out the information below.

The decedent had the following grandchildren who are heirs of their deceased child(ren):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Grandchild** | **Date of Birth** | **Address** | **Name of Parent** |
| [NAME1] | [DATE] | [ADDRESS] | [PARENT NAME] |
| [NAME2] | [DATE] | [ADDRESS] | [PARENT NAME] |
| [NAME3] | [DATE] | [ADDRESS] | [PARENT NAME] |
| [NAME4] | [DATE] | [ADDRESS] | [PARENT NAME] |
| [NAME5] | [DATE] | [ADDRESS] | [PARENT NAME] |
| [NAME6] | [DATE] | [ADDRESS] | [PARENT NAME] |

1. If the decedent was not survived by any children or grandchildren, fill out the information below.

The decedent’s mother was:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Mother** | **Date of Birth** | **Address (If Living)** | **Date of Death** |
| [NAME OF MOTHER] | [DATE] | [ADDRESS] | [DATE] |

 The decedent’s father was:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Father** | **Date of Birth** | **Address (If Living)** | **Date of Death** |
| [NAME OF FATHER] | [DATE] | [ADDRESS] | [DATE] |

1. If the decedent was not survived by any children, grandchildren, or parents, fill out the information below.

Decedent had the following siblings (biological or half):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Sibling** | **Date of Birth** | **Address** | **Date of Death** |
| [SIBLING NAME1] | [DATE] | [ADDRESS] | [DATE] |
| [SIBLING NAME2] | [DATE] | [ADDRESS] | [DATE] |
| [SIBLING NAME3] | [DATE] | [ADDRESS] | [DATE] |
| [SIBLING NAME4] | [DATE] | [ADDRESS] | [DATE] |
| [SIBLING NAME5] | [DATE] | [ADDRESS] | [DATE] |
| [SIBLING NAME6] | [DATE] | [ADDRESS] | [DATE] |
| [SIBLING NAME7] | [DATE] | [ADDRESS] | [DATE] |

1. If the decedent had any deceased siblings that were survived by their own children, fill out the information below.

The decedent had the following nephews and/or nieces who are heirs of their deceased sibling(s):

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Nephew/Niece** | **Date of Birth** | **Address** | **Name of Parent** |
| [NAME1] | [DATE] | [ADDRESS] | [NAME] |
| [NAME2] | [DATE] | [ADDRESS] | [NAME] |
| [NAME3] | [DATE] | [ADDRESS] | [NAME] |
| [NAME4] | [DATE] | [ADDRESS] | [NAME] |
| [NAME5] | [DATE] | [ADDRESS] | [NAME] |

1. Did the decedent own interest in any real property? [ ]  Yes [ ]  No

If yes, provide the legal description of each property:

[DESCRIPTION OF PROPERTY]

1. Did the decedent leave any unpaid debts at the time of death? [ ]  Yes [ ]  No

If yes, list the debts:

[LIST OF DEBTS]

By signing below, I am declaring under penalties of perjury that I have read the foregoing affidavit of heirship and the facts stated therein are true to the best of my knowledge.

***(Do not sign until you are in front of a notary or clerk.)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature of Affiant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

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

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

On this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_, before me appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that they executed the same for the purposes and consideration therein expressed.

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

My commission expires: \_\_\_\_\_\_\_\_\_\_