

AFFIDAVIT OF HEIRSHIP

Pertaining to: _____

The undersigned, _____ (“**Affiant**”), of lawful age, residing at _____, being duly sworn states:

That Affiant was personally well acquainted with _____ (“**Decedent**”), having known Decedent more than ___ years prior to Decedent’s death and that Affiant bears the following relationship to Decedent, to-wit: _____.

That Decedent departed this life in _____ County, State of _____ on or about the ___ day of _____, ____.

That Decedent died, *with/without* a Last Will and Testament. (If with a Will, a copy of Decedent’s Last Will and Testament is attached hereto.)

That probate proceedings concerning the estate of Decedent *have/have not* been commenced. If probate proceedings have been commenced, those proceedings were commenced in _____ County, State of _____ in the year of ____.

Affiant further states that the following statements and the answers to the following questions are based upon the personal knowledge of Affiant and are true and correct to the best of Affiant’s knowledge:

- 1. Give name and address of surviving widow or widower of Decedent:

_____.

If not living, give date of death: _____.

- 2. If Decedent was married more than once, give name of former spouse(s) and state whether said former spouse(s) is/are dead or were divorced from Decedent:

- 3. In the blank lines below, provide information requested for all children born to or adopted by Decedent:

Name	Date of Birth	Date of Death

4. If a deceased child left descendants, give the following information:

Deceased Child	Descendants

Affiant further states that Affiant was well acquainted with the financial condition of Decedent and knows that Decedent died solvent and that all debts against the Decedent's estate were paid in full.

(AFFIANT)

Subscribed and sworn to before me by _____ this
____ day of _____, 202__.

My Commission Expires:

Notary Public