

AFFIDAVIT OF HEIRSHIP

UNIT: _____
LEGAL DESCRIPTION

(Decedent)

STATE OF _____

COUNTY/PARISH OF _____

_____, whose address is _____

hereinafter referred to as "**Affiant**," being of lawful age and being duly sworn, upon oath deposes and says that (s)he was well acquainted with _____, hereinafter referred to as "**the Decedent**," and that the answers and statements given in the following questionnaire are based upon Affiant's personal knowledge and are true and correct:

1. How long did you know the Decedent? _____

2. What was your relationship to the Decedent? _____

3. The Decedent's residence was at _____

The decedent died on _____ in _____
(DATE) (CITY, STATE)

4. Did the Decedent leave a will? _____ If the Decedent did leave a will, please attach copy of same hereto.

5. Have any proceedings been commenced with respect to the Decedent's estate? _____ If so, complete the following sentence to the best of your knowledge: Proceedings were commenced in _____ County, State of _____, and the name and address of the executor or administrator is _____

6. Are there any debts still owing by the Decedent's estate and if so, will the size of the estate be sufficient in your opinion to pay such debts? _____

7. Have all Federal and State Inheritance taxes been paid? (If none due, so state.) _____

8. Was the interest in the above described property community or separate? _____

9. Was the property of the decedent in the legal description above their homestead? _____

10. Give the names of all spouses of the decedent and their address or date of death/divorce:

NAME OF SPOUSE(S)	DATE OF MARRIAGE	CURRENT ADDRESS OR DATE OF DEATH/DIVORCE

11. Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted.

NAME OF CHILD	BIRTH DATE	NAME OF CHILD'S OTHER PARENT	CURRENT ADDRESS OR DATE OF DEATH

12. Were any of the Decedent's children adopted and if so, which one(s) and when? _____

13. Provide the following information on the Decedent's grandchildren, born only to the deceased children in item 11 above. If there are none, please state that below.

NAME OF GRANDCHILD'S DECEASED PARENT (FROM #11)	NAME OF GRANDCHILD	ADDRESS OF GRANDCHILD OR DATE OF DEATH

14. If the Decedent was not survived by any children or grandchildren, provide the following information on the Decedent's parents (if living) and all brothers and sisters:

NAME OF RELATIVE	RELATIONSHIP	ADDRESS OR DATE OF DEATH

15. If any of decedent's brothers or sisters listed in #14 are deceased, give the name and address of their children.

NAME OF NIECE OR NEPHEW'S DECEASED PARENT (FROM #14)	NAME OF NIECE OR NEPHEW	ADDRESS OR DATE OF DEATH

Affiant's Signature

STATE OF _____

COUNTY/PARISH OF _____

Subscribed and sworn to before me this ____ day of _____, 20_____.

Notary Public

My Commission expires _____