

INSTRUCTIONS: Fill in complete information for items shown. Indicate N/A (Not Applicable) for any item that does not apply. SIGN IN THE PRESENCE OF A NOTARY PUBLIC.

HEIRSHIP AFFIDAVIT

(Heirship of _____, Deceased)

STATE OF _____

COUNTY/ PARISH OF _____

_____, of lawful age, being first duly sworn, upon his/her oath deposes and says:

That he/she was personally well acquainted with the above named decedent, during his/her lifetime, having known him/her for _____ years and that affiant bears the following relationship to the said decedent, to-wit:

_____;

Affiant further states that the said decedent departed this life at _____, in _____ County, State of _____, on or about _____, 20 _____, being _____ years old at the date of his/her death.

Affiant further states that he/she was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of _____, be his/her heirs, and that the following statements and the answers to the following named questions are based upon the personal knowledge of affiant and are true and correct:

1. Did the decedent leave a will? Yes _____ No _____

2. If so, has the will been admitted to probate? And at what place and when was the will admitted?

3. Has an administrator been appointed for the estate of said deceased?

4. If so, give the County in which the said administrator proceedings are pending, and the name and address of the administrator.

5. Give the name and address of the surviving widow or widower of decedent.

Name _____

Address _____

If not living, state date of death _____

6. If the decedent was married more than once, give the name of the former husband or wife, and state whether said former spouse is dead or divorced.

9. Did the decedent have any adopted children, or step- children taken into his/her home?

Yes _____ No _____

If so, write their names, ages, and addresses in the blank lines below:

10. Did the decedent leave any unpaid debt; and if so, give, as nearly as possible, the amount of such debts, and whether they have since been paid.

11. If the decedent left no children, then give below the names and address (together with other information called for), of his surviving father, mother, brothers and sisters:

A. _____
Name Relationship Age

Address or if Not Living, Date of Death

B. _____
Name Relationship Age

Address or if Not Living, Date of Death

C. _____
Name Relationship Age

Address or if Not Living, Date of Death

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

My commission expires: _____
Notary Public

CORROBORATING AFFIDAVIT

STATE OF _____

(TO BE SIGNED BY SOME PERSON OTHER THAN THE ONE MAKING THE FOREGOING AFFIDAVIT.)

COUNTY OF _____

_____, of lawful age, being first sworn, upon his/her oath states:
That the information given in the above and foregoing affidavit, made by is true, to the personal knowledge of this affiant.

Corroborating Affiant

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

My commission expires: _____
Notary Public

Note: If any heirs of the decedent have dies since his/her death, secure separate proof of heirship as to each.

