**AFFIDAVIT OF HEIRSHIP**

RE: ESTATE OF

[DECEDENT NAME]

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

1. I am over the age of 18 and reside at [AFFIANT ADDRESS]. My relationship to the decedent is [RELATIONSHIP]. I knew the decedent for [#] years from [MM/DD/YYYY] until the decedent’s death.
2. The decedent died on [MM/DD/YYYY], and their place of death was [PLACE OF DEATH]. At the time of their death, the decedent’s residence was at [DECEDENT 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? [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? [COUNTY AND STATE]
	+ If yes, who is the appointed administrator? [ADMINISTRATOR NAME]
	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:

|  |  |  |  |
| --- | --- | --- | --- |
| Spouse Name | Date of Marriage | Date of Divorce | Date of Death |
| [SPOUSE NAME] | [MM/DD/YYYY] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| [SPOUSE NAME] | [MM/DD/YYYY] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| [SPOUSE NAME] | [MM/DD/YYYY] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| [SPOUSE NAME] | [MM/DD/YYYY] | [MM/DD/YYYY] | [MM/DD/YYYY] |
| [SPOUSE NAME] | [MM/DD/YYYY] | [MM/DD/YYYY] | [MM/DD/YYYY] |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child Name  | Date of Birth | Address | Spousal Parent | Date of Death |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |
| [CHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] | [MM/DD/YYYY] |

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):

|  |  |  |  |
| --- | --- | --- | --- |
| Grandchild Name | Date of Birth | Address | Parent Name |
| [GRANDCHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [GRANDCHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [GRANDCHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [GRANDCHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [GRANDCHILD NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [GRANDCHILD NAME] | [MM/DD/YYYY] | [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:

|  |  |  |  |
| --- | --- | --- | --- |
| Mother Name | Date of Birth | Address (If Living) | Date of Death |
| [MOTHER NAME] | [MM/DD/YYYY] | [MOTHER ADDRESS] | [MM/DD/YYYY] |

 The decedent’s father was:

|  |  |  |  |
| --- | --- | --- | --- |
| Father Name | Date of Birth | Address (If Living) | Date of Death |
| [FATHER NAME] | [MM/DD/YYYY] | [FATHER ADDRESS] | [MM/DD/YYYY] |

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

The decedent had the following siblings (biological or half):

|  |  |  |  |
| --- | --- | --- | --- |
| Sibling Name | Date of Birth | Address | Date of Death |
| [SIBLING NAME] | [MM/DD/YYYY] | [SIBLING ADDRESS] | [MM/DD/YYYY] |
| [SIBLING NAME] | [MM/DD/YYYY] | [SIBLING ADDRESS] | [MM/DD/YYYY] |
| [SIBLING NAME] | [MM/DD/YYYY] | [SIBLING ADDRESS] | [MM/DD/YYYY] |
| [SIBLING NAME] | [MM/DD/YYYY] | [SIBLING ADDRESS] | [MM/DD/YYYY] |
| [SIBLING NAME] | [MM/DD/YYYY] | [SIBLING ADDRESS] | [MM/DD/YYYY] |
| [SIBLING NAME] | [MM/DD/YYYY] | [SIBLING ADDRESS] | [MM/DD/YYYY] |
| [SIBLING NAME] | [MM/DD/YYYY] | [SIBLING ADDRESS] | [MM/DD/YYYY] |

1. If the decedent had any deceased siblings who 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):

|  |  |  |  |
| --- | --- | --- | --- |
| Nephew/Niece Name | Date of Birth | Address | Parent Name |
| [NEPHEW/NIECE NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [NEPHEW/NIECE NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [NEPHEW/NIECE NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [NEPHEW/NIECE NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |
| [NEPHEW/NIECE NAME] | [MM/DD/YYYY] | [ADDRESS] | [PARENT NAME] |

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

If yes, provide the legal description of each property:

[PROPERTY DESCRIPTION]

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

If yes, list the debts:

[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.)***

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)
Signature of Affiant

[AFFIANT NAME]
Print Name

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

**NOTARY ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of [STATE]

County of [COUNTY]

The foregoing instrument was acknowledged before me, [NOTARY NAME], on [MM/DD/YYYY], by the undersigned, [AFFIANT NAME], who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

WITNESS my hand and official seal.

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) (Seal)