

# AFFIDAVIT OF HEIRSHIP

RE: ESTATE OF

\_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say:

1. I am over the age of 18 and reside at \_\_\_\_\_. My relationship to the decedent is \_\_\_\_\_. I knew the decedent for \_\_\_\_\_ years from \_\_\_\_\_ until the decedent's death.
2. The decedent died on \_\_\_\_\_, and their place of death was \_\_\_\_\_. At the time of their death, the decedent's residence was at \_\_\_\_\_.
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:

- a. 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?  
\_\_\_\_\_

- b. 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?  
\_\_\_\_\_

- If yes, who is the appointed administrator?  
\_\_\_\_\_

- c. At the time of death, the decedent's marital status was:  
 Married     Divorced     Single     Widowed

4. The decedent's marital history is as follows:

Spouse Name	Date of Marriage	Date of Divorce	Date of Death

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

Child Name	Date of Birth	Address	Spousal Parent	Date of Death

6. 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

7. 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

The decedent's father was:

Father Name	Date of Birth	Address (If Living)	Date of Death

8. 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

9. 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

10. Did the decedent own interest in any real property?  Yes  No

If yes, provide the legal description of each property:

11. Did the decedent leave any unpaid debts at the time of death?  Yes  No

If yes, list the 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

### **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 \_\_\_\_\_  
County of \_\_\_\_\_

The foregoing instrument was acknowledged before me, \_\_\_\_\_,  
on \_\_\_\_\_, by the undersigned, \_\_\_\_\_, 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: \_\_\_\_\_ (Seal)