

To complete this form correctly, please be sure you do the following:

Choose 2 people who are familiar with the owner's family and marital history

Party 1 should:

- Complete the form with all information
- Be sure to complete Questions 11 - 15
- Include names, addresses and **social security numbers** for each party named in Sections 3-7

Party 2 should:

- Read the completed form and verify that all information is correct
- Sign the corroborating affidavit portion of page 4 in front of a notary public

Fill in all sections of form. Where there is no information to be provided, write explanation such as "none" or "do not know". When there is not enough space in an area of the form, write additional information on the reverse side of this form or attach separate sheets to this form.

AFFIDAVIT OF HEIRSHIP

For

Deceased

STATE OF _____ }
 COUNTY OR PARISH OF _____ } §

_____, of lawful age, being first duly sworn, upon oath deposes and says:
(your name)

1. That affiant was personally well acquainted with the above named decedent during life, having known him or her for _____ years, and that affiant bears the following relationship to said decedent, to wit _____;

2. That said decedent died in _____ County or Parish, State of _____ on or about _____, _____ [year], being _____ years old at the date of death.;

3. That the decedent was married to the following persons:

Name and Address and Social Security Number of Spouse	Date of Marriage	Date of Divorce, if Any	Date of Death, If Not Living
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. That the following children were born to (in or out of lawful wedlock) or adopted by the decedent:

Name of Child	Date of Birth	Address and Social Security No. or, if Not living, Date of Death	Natural or Adopted	Name of Father and Mother
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. That the following children were born to a deceased natural or adopted child, or were adopted by a deceased natural or adopted child:

Name of Child	Date of Birth	Address or, if Not Living, Date of Death	Name of Father and Mother
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. That decedent was survived by the following parents, brothers, sisters and descendants of deceased brothers and sisters:

NOTE: Write "does not apply" if Section 4 and 5 show other heirs.

Name	Address or, if Not living, Date of Death
A. Father	_____
B. Mother	_____
C. Brothers and Sisters	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**D. Descendants of
Deceased Brothers
and Sisters**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. That decedent was survived by the following grandparents, uncles, aunts and descendants of deceased uncles and aunts:

NOTE: Write "does not apply" if Sections 3 - 6 show other heirs:

Name **Address or, if Not Living,
Date of Death**

A. Paternal Grandparents

_____	_____
_____	_____
_____	_____

B. Maternal Grandparents

_____	_____
_____	_____
_____	_____

Name of Father and Mother

**C. Aunts and Uncles
of Decedent**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D. Descendants of
Deceased Aunts
and Uncles**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. That if any person(s) listed in Sections 4 and/or 5 is a minor (under 18 or 21 years of age, whichever is applicable), the name and address of the guardian, if any, for such minor person(s) is specified below:

Name of Minor	Name of Guardian	Address of Guardian
_____	_____	_____
_____	_____	_____

9. That if any living person(s) shown in Sections 3 - 7 has been adjudged insane or declared non compos mentis, the name and address of the guardian or conservator of the estate of such person(s), if any, is shown below:

Name	Name of Guardian or Conservator	Address of Guardian or Conservator
_____	_____	_____
_____	_____	_____

10. That said decedent owned interest(s) in the following properties

State	County or Parish	General Description of Property Interests	Community or Separate	Homestead (Yes or No)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. That said decedent _____ leave a will, which will, if any, _____ been admitted to probate in the Probate
did or did not *has or has not*

Court of _____ County, or Parish, State of _____;

12. That administration on the estate of decedent _____ been taken out;
has or has not

13. That name and address of the administrator or executor, if one has been appointed, is:

Name	Address
_____	_____

14. That the debts of the decedent and the debts of the estate of the decedent, if any, _____ been paid.
have or have not

