

**INFORMATION FOR AFFIDAVIT OF HEIRSHIP**

1. Name of deceased: \_\_\_\_\_
2. Date and Place of death: \_\_\_\_\_
3. How many times was deceased married? \_\_\_\_\_

**INFORMATION ABOUT MARRIAGES**

4. Name of first spouse: \_\_\_\_\_
5. How did this marriage end?
  - a. \_\_\_\_\_ Divorce, place \_\_\_\_\_ date \_\_\_\_\_
  - b. \_\_\_\_\_ Death of spouse, place \_\_\_\_\_ date \_\_\_\_\_
  - c. \_\_\_\_\_ Decedent's death.

6. List Names of Children of this marriage.

NAME	ADDRESS	DATE OF BIRTH & CURRENT AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on back of this sheet if you need more space. If any of the children are deceased, see NOTICE BELOW.)

7. Name of second spouse if any (include any other spouses on the back of this sheet, answer N/A if no second spouse) \_\_\_\_\_
  - a. \_\_\_\_\_ Divorce, place \_\_\_\_\_ date \_\_\_\_\_
  - b. \_\_\_\_\_ Death of spouse, place \_\_\_\_\_ date \_\_\_\_\_
  - c. \_\_\_\_\_ Decedent's death.

8. List Names of Children of this marriage.

NAME	ADDRESS	DATE OF BIRTH & CURRENT AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did decedent leave a will? \_\_\_\_\_ yes \_\_\_\_\_ no  
If yes, where was the will probated? \_\_\_\_\_

(State and County)

10. If no Will, is the following statement applicable to the facts of Heirship?

\_\_\_\_\_ yes \_\_\_\_\_ no (explain on back of this sheet)

“No administration was had on this Estate, nor was any necessary there being no debts or obligations other than those discharged by the surviving spouse or heirs, and no Estate or Inheritance taxes were due upon the estate.”

11. Were any children ever adopted or taken in by the decedent for adoption in any of the above named marriages? \_\_\_\_\_ yes \_\_\_\_\_ no

IF YES, NAMES ADDRESS DATE OF BIRTH & CURRENT AGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INFORMATION ABOUT DECEDENT'S PARENTS AND SIBLINGS**

12. Decedent's Mother's Name and Address \_\_\_\_\_

Check one: Living \_\_\_\_\_ Deceased \_\_\_\_\_, if deceased date and place of death \_\_\_\_\_

13. Decedent's Father's Name and Address \_\_\_\_\_

Check one: Living \_\_\_\_\_ Deceased \_\_\_\_\_, if deceased date and place of death \_\_\_\_\_

14. Did the decedent have any siblings? \_\_\_\_\_ yes \_\_\_\_\_ no

IF YES, NAMES ADDRESS DATE OF BIRTH & CURRENT AGE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Two DISINTERESTED PARTIES are to sign the Affidavit and they must know all the facts therein to be true. Please list their names, addresses, and phone numbers below:**

WITNESS #1 ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_

Witness # 1 knew decedent from \_\_\_\_\_ until \_\_\_\_\_

WITNESS #2 ADDRESS AND PHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_

Witness #2 knew decedent from \_\_\_\_\_ until \_\_\_\_\_.

**NOTICE:** If any of the above named children of any marriage or adoption is now deceased, we will need the same above listed information for he or she. Just make a note next to their name that they are deceased.