

Affidavit of Heirship
Client Worksheet

Decedent's Name:

Maiden Name:

Do you have a certified copy of the Death Certificate? YES NO

Age on Date of Death:

Date of Death:

Place of Death:

Bexar County Resident: YES NO How Long:

Date of Birth:

Social Security Number: XXX-XX-

Place of Birth:

Mother's Name:

Father's Name:

Was the Decedent married at the time of death? YES NO

Spouse's Name:

Date of Marriage:

Place of Marriage:

Dissolution Date: Divorce Death

(Space for additional information on continuing page.)

Did the Decedent have children? YES NO

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

(Space for additional information on continuing page.)

If the decedent did not have children or spouse, did the decedent have siblings?

YES

NO

Sibling's Name:

Date of Birth:

Father's Name:

Mother's Name:

Current Address:

Current Phone Number:

Sibling's Name:

Date of Birth:

Father's Name:

Mother's Name:

Current Address:

Current Phone Number:

(Space for additional information on continuing page.)

Did the decedent have any unpaid debts at the time of death? YES NO

Creditor:

Amount of Debt:

You will need two witnesses to testify to the familial history and property ownership of the decedent. A witness cannot be related to the decedent and must have known the decedent for an extended period of time. Example: Neighbor, family friend, church member, organization member.

Witness #1

Name:

Current Address:

Current Phone Number:

Relationship to Decedent:

How long has Witness known Decedent:

Witness #2

Name:

Current Address:

Current Phone Number:

Relationship to Decedent:

How long has Witness known Decedent:

Additional Children

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Child's Name:

Date of Birth:

Father's Name:

Current Address:

Current Phone Number:

Additional Siblings:

Sibling's Name:

Date of Birth:

Father's Name:

Mother's Name:

Current Address:

Current Phone Number:

Sibling's Name:

Date of Birth:

Father's Name:

Mother's Name:

Current Address:

Current Phone Number:

Sibling's Name:

Date of Birth:

Father's Name:

Mother's Name:

Current Address:

Current Phone Number:

Sibling's Name:

Date of Birth:

Father's Name:

Mother's Name:

Current Address:

Current Phone Number: