

# DEATH AND HEIRSHIP AFFIDAVIT

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )  
WELL/LEASE NO. \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_  
of lawful age, being first duly sworn, states:

That the statements hereinafter set forth, including answers to questions, constitute a true, correct and complete statement of the family history of the person hereinafter named as "decedent" and of the Estate of such decedent.

Name of decedent: \_\_\_\_\_

Date of death: \_\_\_\_\_ Where (County & State): \_\_\_\_\_

The said decedent was the owner of the following described land, situated in \_\_\_\_\_ County/Countries, State of \_\_\_\_\_, to wit:

Was decedent married or single at time of death: \_\_\_\_\_ Did decedent leave a Will: \_\_\_\_\_

Has Estate been probated: \_\_\_\_\_ Where? City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

If decedent was married one or more times, give the following information (list names in order of marriage):

NAME OF SPOUSE	LIVING OR DEAD (IF DEAD - DATE)	DIVORCE (DATE)	PLACE OF DEATH OR DIVORCE (CITY, COUNTY AND STATE)
_____	_____	_____	_____

If decedent had any children by any spouse, give following information:

NAME OF CHILD	ADDRESS	PRESENT AGE	WHICH SPOUSE	LIVING OR DEAD (IF DEAD - DATE)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If decedent had any children by adoption, give the following:

NAME OF CHILD	ADDRESS	PRESENT AGE	SON OR DAUGHTER	LIVING OR DEAD (IF DEAD - DATE)	PLACE OF ADOPTION
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The above named children who have died had only the following children (natural or adopted) and other heirs:

NAME OF DECEASED CHILD	NAMES OF SPOUSE AND CHILDREN	ADDRESS	AGE	LIVING OR DEAD (IF DEAD - DATE)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

In case decedent left no surviving spouse and no children or children of deceased children, give the following information:

	NAME	ADDRESS	LIVING	DATE OF DEATH
FATHER	_____	_____	_____	_____
MOTHER	_____	_____	_____	_____

	NAME	ADDRESS OR, IF NOT LIVING, DATE OF DEATH	NAME OF SPOUSE
BROTHERS & SISTERS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	NAME	ADDRESS OR, IF NOT LIVING, DATE OF DEATH	CHILD OF
DESCENDANTS OF DECEASED BROTHERS & SISTERS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Affiant states that he/she was well acquainted with the financial condition of decedent and that the debts against said Estate (have / have not) been paid.

State your relationship or acquaintance with decedent and how long and how well you knew the decedent and the decedent's family: \_\_\_\_\_

Further Affiant said not \_\_\_\_\_

Signed: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Public resides at: \_\_\_\_\_