|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_  |  |
| AFFIDAVIT OF HEIRSHIP |

This affidavit concerns the Heirs of the Estate of \_\_\_\_\_\_\_\_\_\_ (“Decedent”). I, \_\_\_\_\_\_\_\_\_\_, being duly sworn, hereby affirm under penalty of perjury, on this \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, that:

1. My date of birth is \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. I have personal knowledge of the facts herein and am a disinterested third party. I am not an heir, successor, executor, nor do I have an interest in heirship of any heir, successor, or executor of the Decedent’s estate.

2. I knew the Decedent from \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ until their death.

3. The Decedent, \_\_\_\_\_\_\_\_\_\_, died on \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_. The place of death was \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_. At the time of death, the Decedent’s legal residence was \_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, County of \_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_.

4. I am familiar with the Decedent’s marital history. It is as follows: (Check one)

[ ]  The Decedent had NEVER been married.

[ ]  The Decedent was married to:

* \_\_\_\_\_\_\_\_\_\_ [Spouse name], from \_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_ [Spouse name], from \_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_

5. The Decedent did not leave behind a last will and testament.

6. Below, please find a list of the surviving heirs and their relationships to the Decedent:

* \_\_\_\_\_\_\_\_\_\_ [Name], \_\_\_\_\_\_\_\_\_\_ [Relationship to decedent] of Decendent
* \_\_\_\_\_\_\_\_\_\_ [Name], \_\_\_\_\_\_\_\_\_\_ [Relationship to decedent] of Decendent

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

Signature

**NOTARY ACKNOWLEDGMENT**

|  |  |
| --- | --- |
| State of \_\_\_\_\_\_\_\_\_\_  | ) |
|  | )     **(Seal)** |
| County of \_\_\_\_\_\_\_\_\_\_  | ) |

The foregoing instrument was acknowledged before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, 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.

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

Signature

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

Notary Public

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_