**Florida Heirship Affidavit**

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| **Prepared by:**  **If recorded, return to:** | **)**  **)**  **)**  **)**  **)**  **)**  **)**  **)**  **)**  **)**  **-------------------above this line for official use only-----------------** |
| **HEIRSHIP AFFIDAVIT** | |
| (Heirship of Deceased)  STATE OF FLORIDA ) COUNTY OF )  BEFORE ME, the undersigned authority, on this day personally appeared , ("AFFIANT") who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting as identification (i.e. drivers license #), and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:  1. My name is (insert name of affiant), and I live at  (insert address of affiant's residence). I  am personally familiar with the family and marital history of  ("Decedent") (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit.  2. I knew decedent from (insert date) until (insert date). I was personally well acquainted with the named decedent during his/her lifetime.  3. The Decedent died on (insert date of death) at the following place of death: (City), , (County), (State) (insert place of death). At the time of decedent's death, decedent's residence address was  (Street),  (City), Florida, (Zip).(insert address of decedent's residence).  4. I was well acquainted with the family and near relatives of the said decedent, and with all those who would under the laws of the State of Florida, be his/her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.  **QUESTION 1** - Did the decedent leave a will? **ANSWER**: YES/NO **QUESTION 2** - If the decedent left a will, has the will been admitted to probate? **ANSWER**: YES/NO/NA. If YES, at what place, and when?  **ANSWER**: COUNTY, Florida, CAUSE NUMBER DATE  **QUESTION 3** - If the decedent left no will, has an administrator or personal representative been ap pointed for the estate of said deceased? **ANSWER**: YES/NO | |

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| **QUESTION 4** - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal rep resentative.  **ANSWER**: | | | | | | |
| COUNTY  CAUSE NUMBER | | NAME | | | ADDRESS | |
| **QUESTION 5** - Give the name and address of the surviving widow or widower of decedent.  **ANSWER**: | | | | | | |
| NAME | | ADDRESS | | | If not now living, state date of death: | |
| **QUESTION 6** - If the decedent was married more than once, give the name(s) of the former husband or wife, and state whether said former spouse is dead or divorced.  **ANSWER**: | | | | | | |
| NAME | | | STATUS (Dead or Divorced) | | | |
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| **QUESTION 7** - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:  **ANSWER**: (Give names of surviving children only) | | | | | | |
| NAME OF CHILD | ADDRESS | | DATE OF  BIRTH | IF NOT  LIVING DATE OF DEATH | | HUSBAND OR WIFE  NAME |
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| **QUESTION 8** - Give the name and address of any deceased children of the decedent, together with the other information called for:  **ANSWER**: | | | | | | | | | |
| NAME OF CHILD | | | DATE OF  BIRTH | DATE OF  DEATH | | SURVIVING  HUSBAND OR WIFE NAME | | | DATE OF  DEATH OF SPOUSE, IF APPLICABLE |
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| **QUESTION 9** - Give the names and addresses of the children of any deceased son or daughter of the decedent:  **ANSWER**: | | | | | | | | | |
| NAME OF CHILD | ADDRESS OF IF NOT  LIVING DATE OF DEATH | | | | DATE OF  BIRTH | | | NAME OF FATHER OR  MOTHER | |
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| **QUESTION 10** - Did the decedent have any adopted children, or step-children taken into his home?  **ANSWER**: YES/NO. If yes, provide their names, ages and addresses below: | | | | | | | | | |
| NAME | | ADDRESS | | | | | AGE | | |
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| **QUESTION 11** - Did the decedent have any unpaid debts? **ANSWER**: YES/NO.  If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid  **ANSWER**: | | | |
| CREDITOR | AMOUNT OF DEBT | HAS DEBT NOW BEEN PAID | |
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| **QUESTION 12** - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:  **ANSWER:** | | | |
| NAME | RELATIONSHIP | AGE | ADDRESS OR DATE OF  DEATH |
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| **QUESTION 13** - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:  **ANSWER:** | | | |
| NAME | RELATIONSHIP | AGE | ADDRESS |
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**QUESTION 14:** Did the decedent own any real estate in this State:

**ANSWER:** YES/NO If yes, list

Address or short description : County:

Address or short description : County:

Address or short description : County:

Address or short description : County:

Address or short description : County:

**QUESTION 15**: What is your relationship to the deceased?

**ANSWER**:

DATED THIS THE DAY OF , 20 .

Signature of Affiant

SWORN TO AND SUBSCRIBED before me this the day of , 20 .

NOTARY PUBLIC

My Commission Expires: