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| **Prepared by:****If recorded, return to:** | **)****)****)****)****)****)****)****)****)****)****-------------------above this line for official use only-----------------** |
| **HEIRSHIP AFFIDAVIT** |
| (Heirship of Deceas)STATE OF GEORGIA ) 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. driver’s 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). Iam 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), Georgia, (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 Georgia, be his/her heirs. The following statements and the informationcontained 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, Georgia, CAUSE NUMBER DATE**QUESTION 3** - If the decedent left no will, has an administrator or personal representative been appointed 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 representative.**ANSWER**: |
| COUNTYCAUSE 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 , 2000.

NOTARY PUBLIC

My Commission Expires: