Lease or Unit No.

Description of Property

**AFFIDAVIT OF HEIRSHIP**

**THIS FORM IS TO BE COMPLETED BE A NON-FAMILY MEMBER FAMILIAR WITH THE FAMILY HISTORY. (Document must be completed in its entirety and must be recorded in the County(s) where the property is located.)**

**Name** **of** **Decedent**

STATE OF

PARISH OF

, whose address is **,**

Hereinafter referred to as “Affiant”, being of lawful age and being duly sworn, upon oath deposes and says that (s) he was acquainted with

, hereinafter referred to as “the Decedent,” and that the answers and statements given in the following questionnaire are based upon Affiant’s personal knowledge and are true and correct:

1. How long did you know the Decedent?

2. What was your relationship to the Decedent?

3. Complete the following sentences: The Decedent’s home was at

. Decedent died at the age of , on , 20 **,**

at , State of **.**

4. Did the Decedent leave a will? If the Decedent did leave a will, please attach a copy of the will to this affidavit.

5. Have any proceedings been commenced with respect to the Decedent’s estate? If so, complete the following sentence to the best of your knowledge: Proceedings were commenced in County/Parish, State of , and the name and address of the executor or administrator is

**.**

6. Are there any debts still owing by the Decedent’s estate and if so, will the size of the estate be sufficient, in your opinion, to pay

such debts?

7. Have all Federal Estate and State Inheritance taxes been paid? (If none due, so state.)

8. Was the interest in the above described property community or separate?

9. Was the property of the deceased as described on this affidavit a homestead?

10. At the time of death was the Decedent single, married, divorced, a widow or widower and, if married, what was the Decedent’s surviving spouse’s name?

11. If the Decedent was married at the time of death, what is the surviving spouse’s present address or, if deceased, when did such surviving spouse die?

12. How many times was the Decedent married? If the Decedent was married more than once, complete the

following table.

Date Nature of Present Address

Name of Marriage Termination or

Former Spouse Terminated (death/divorce) Date of Death

13. What was the total number of Decedent’s children, both natural and adopted? Complete the following table with respect to all

children of the Decedent, whether living or dead, natural or adopted.

Present Address

Date of Child’s Other or

Name of Child Birth Parent Date of Death

14. Were any of Decedent’s children adopted and, if so, which ones and when?

15. Complete the following table with respect to all children of every deceased child (if any) of the Decedent.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of |  | Children of |  |  |  | Present Address |
| the Decedent’s |  | the Deceased |  | Date of |  | or |
| Deceased Child |  | Child |  | Birth |  | Date of Death |

16 If the Decedent was not survived by any children or grandchildren, then give below the names and addresses of the Decedent’s father, mother, and all brothers and sisters.

Name of Relative Relationship Age Present Address or Date of Death

17. If the Decedent was not survived by any children, grandchildren, father, mother, brothers or sisters, then give below the names and addresses of the nearest living relatives.

Name of Relative Relationship Age Present Address

Affiant’s Signature

Subscribed and sworn to before me this day of 20 **.**

Notary Public

My Commission expires 20 **.**