**MISSOURI AFFIDAVIT OF HEIRSHIP**

(Decedent)

STATE OF MISSOURI

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as “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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of Affiant), and I live at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (address of Affiant’s residence). I am personally familiar with the family and marital history of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Decedent), and I have personal knowledge of the facts stated in this affidavit.
2. I knew Decedent from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). I was personally well acquainted with the Decedent during his/her lifetime.
3. The Decedent died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date of death) at the following place of death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (County), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State). At the time of Decedent’s death, Decedent’s residence was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Street), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City), Missouri, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Zip).
4. I was well acquainted with the family and near relatives of the Decedent, and with all those who would, under the laws of the State of Missouri, be his/her heirs. The following statements and the information contained herein, including my answers to questions below, are based upon my personal knowledge and are true and correct.

**QUESTION 1:** Did the Decedent leave a will?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, please attach copy of same hereto.

**QUESTION 2:** If the Decedent left a will, has the will been admitted to probate?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, at what place and when?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, Missouri, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number.

**QUESTION 3:** Give the name and address of the surviving widow or widower of the Decedent.

|  |  |
| --- | --- |
| **NAME** | **ADDRESS** |
|  |  |

**QUESTION 4:** If the Decedent was married more than once, give the name(s) of the former spouse(s) and other information.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DATE OF MARRIAGE** | **STATUS (Dead or divorced)** | **ADDRESS OR DATE OF DEATH** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**QUESTION 5:** Give the names and places of residence of all surviving children of deceased, together with the other information called for:

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CHILD** | **DATE OF BIRTH** | **ADDRESS** | **BY WHICH SPOUSE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**QUESTION 6:** Give the name of any deceased children of the Decedent, together with the other information called for:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF CHILD** | **DATE OF BIRTH** | **DATE OF DEATH** | **SPOUSE’S NAME** | **DATE OF DEATH OF SPOUSE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**QUESTION 7:** Give the names and addresses of the children of any deceased son or daughter of the Decedent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF CHILD** | **ADDRESS** | **DATE OF BIRTH** | **DATE OF DEATH IF DECEASED** | **NAME OF FATHER OR MOTHER** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**QUESTION 8:** Did the Decedent have any adopted children or step-children taken into his/her home?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, provide their names and other information.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **ADDRESS** | **DATE OF BIRTH** | **DATE OF ADOPTION** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**QUESTION 9:** If the Decedent left no children or grandchildren, then give the names and addresses of the Decedent’s surviving father, mother, and all brothers and sisters.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **DATE OF BIRTH** | **ADDRESS OR DATE OF DEATH** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**QUESTION 10:** If the Decedent left no children, grandchildren, spouse, mother, father, brother, or sister, state all other known surviving relatives, including grandparents, aunts, uncles, nieces and nephews.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **DATE OF BIRTH** | **ADDRESS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**QUESTION 11:** What is your relationship to the Decedent?

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

**QUESTION 12:** How long have you known the Decedent?

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

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

Signature of Affiant

**STATE OF MISSOURI**

**COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** of lawful age,being first duly sworn, upon his/her oath states that the information given in the above and foregoing affidavit is true to the personal knowledge of this Affiant.

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

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

Notary Public

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