**AFFIDAVIT OF HEIRSHIP**



**CLAIM #**

**DO NOT COMPLETE THIS FORM IF THE DECEDENT LEFT A WILL THAT WAS PROBATED IN COURT OR IF THERE HAS BEEN SOME OTHER TYPE OF COURT DETERMINATION TO THE ESTATE.**

You may use an attachment if additional space is required.

Affidavit of facts concerning the identity of Heirs for the estate of:

(“Decedent”)

**BEFORE** me, the undersigned authority, on this day personally appeared: who, being first duly

(“Affiant”)

sworn upon his/her oath states:

1.

|  |  |
| --- | --- |
| MY NAME IS: |  |
| I RESIDE AT: |  |
| DECEDENT WASMY(RELATION): |  |

I am personally familiar with the family and marital history of \_, and I have personal knowledge

(“Decedent”)

of the facts stated in this affidavit.

2.

|  |  |  |
| --- | --- | --- |
| I KNEW THE DECEDENT | FROM: | UNTIL: |
| DECEDENT DIED ON | MONTH: | DATE: | YEAR: |
| DECEDENT’S PLACE OF DEATH | CITY: | STATE: | COUNTY: |
| DECEDENT’S RESIDENCE AT TIMEOF DEATH: | CITY: | STATE | COUNTY |

3. Provide information on the decedent’s marital history: **(If never married, indicate below.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF SPOUSE** | **DATE OF MARRIAGE** | **DATE OF DIVORCE** | **DATE OF SPOUSE’S DEATH** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

4. Provide the following information on the decedent’s natural born and adopted children: **(If none, indicate below.)**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD’S NAME & CURRENT ADDRESS** | **BIRTH****DATE** | **NAME OF CHILD’S****OTHER PARENT** | **DATE OF****CHILD’S DEATH** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

5. Provide the following information on the decedent’s grandchildren, **born only to the deceased children in item** 4 **above**.

**(If none, indicate below.)**

|  |  |  |
| --- | --- | --- |
| **GRANDCHILD’S NAME/****CURRENT ADDRESS** | **BIRTH****DATE** | **NAME OF GRANDCHILD’S****DECEASED PARENT** |
|  |  |  |
|  |  |  |
|  |  |  |

6. If the decedent never married and did not have any children, provide the following information on the decedent’s parents:

|  |  |  |
| --- | --- | --- |
| **DECEDENT’S****PARENTS** | **PARENT’S NAME/****CURRENT ADDRESS** | **DATE OF****PARENT’S DEATH** |
| **MOTHER** |  |  |
| **FATHER** |  |  |

7. Provide the following information on the decedent’s brothers and/or sisters: **(If none, indicate below.)**

|  |  |  |
| --- | --- | --- |
| **BROTHER OR SISTER NAME/****CURRENT ADDRESS** | **BIRTH****DATE** | **BROTHER/SISTER****DATE OF DEATH** |
|  |  |  |
|  |  |  |
|  |  |  |

8. Provide the following information on the decedent’s nieces and/or nephews  **born only to the decedent’s brothers/sisters in item 7 above**: **(If none, please state below.)**

|  |  |  |
| --- | --- | --- |
| **NIECE OR NEPHEW NAME/****CURRENT ADDRESS** | **BIRTH****DATE** | **NIECE OR NEPHEW****DECEASED PARENTS** |
|  |  |  |
|  |  |  |
|  |  |  |

The affiant acknowledges that he/she understands that filing a false affidavit constitutes a felony in this state. I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

**EXECUTE**D this day of , 20 .

BY:

(Affiant)

Notary Signature:

My Commission expires: