53-111-A (Rev.4-07/3)



AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK’S RECORD.

Reported owner name:

Claim number:

This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent’s estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determina- tion to the estate.

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

Before me, the undersigned authority, on this day personally appeared: (“Affiant”) who, being first duly sworn, upon his/her oath states:

1. My name is: .

I live at:

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 the decedent from until Decedent died on .

Decedent’s place of death: At the time of decedent’s death, CITY STATE COUNTY

Decedent’s residence was:

CITY STATE COUNTY

3. Provide the following information on the deceased’s marital history:

(If never married, please state that below.)

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

4. Provide the following information on the deceased’s natural born and adopted children:

(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

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

5. Provide the following information on the deceased’s grandchildren, born only to the deceased children in Item 4, above:

(If there are none, please state that below.)

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

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

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

Form 53-111-A (Back)(Rev.4-07/3)

Reported owner name:

Claim number:

7. Provide the following information on the deceased’s brothers and/or sisters:

(If there are none, please state that below.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME OF CHILD/ CURRENT ADDRESS | | | DATE OF BIRTH | BROTHER’S OR SISTER’S DATE OF DEATH |
|  |  |  |  |  |
|  |  |
|  |  |  |  |  |
|  |  |
|  |  |  |  |  |
|  |  |

8. Provide the following information on the deceased’s nieces and/or nephews born only to the deceased brothers/sisters in

Item 7, above:

(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

|  |  |  |
| --- | --- | --- |
| NAME OF NIECE OR NEPHEW/  CURRENT ADDRESS | DATE OF BIRTH | NAME OF NIECE OR NEPHEW’S DECEASED PARENT |
|  |  |  |
|  |
|  |  |  |
|  |
|  |  |  |
|  |

Signed this day of , .

(SIGNATURE OF AFFIANT)

State of

County of

Sworn to and subscribed to before me on

(DATE)

by

(NAME OF AFFIANT)

(NOTARY SIGNATURE)

(Notary Seal) My commission expires: day of , .

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