TO BE FILLED OUT BY A DISINTERESTED THIRD PARTY!

**AFFIDAVIT OF DEATH AND HEIRSHIP**

STATE OF δ

δ

COUNTY OF δ

Before me, the undersigned authority, on this day personally appeared , affiant, and on oath says that KH VKH is over 21 years of age and is not incapacitated in any way, and that the statements hereinafter set forth, including answers to questions propounded, constitute a true, correct and complete

statement of the family history of the persons hereinafter named as “decedent” and of the estate of such decedent.

1. Name of decedent

2. Date decedent died Where?

3. Did decedent leave a will? If so, has it been probated?

4. Has any administration proceeding been had on decedent’s estate?

5. If so, when? Where?

6. Were there any unpaid debts or obligations due by decedent at the time of his/her death?

7. If so, give the following information:

To Whom Owning Amount Nature of Debt Paid or Unpaid Now

8. Were there any suits pending or any judgments rendered in any Court against decedent at time of death?

9. If so, state briefly the nature, amount involved, and parties to the action.

10. Was decedent married or single at the time of death?

11. If married, to whom? Date of marriage

12. Was decedent ever married to any other than the above mentioned person?

13. If so, give the following information: (List names in order of marriage)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Date of | Living |  | Date of Death |
| Name of Spouse | Marriage | or Dead | Divorced | or Divorce |

14. If decedent had any children by any spouse named above, give the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date of |  | Living | Date of | By Which |
| Name of Child | Birth | Address | or Dead | Death | Spouse |

15. Did decedent ever adopt any children?

16. If so, give date of adoption and also the same information as called for above:

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17. Was decedent the parent of any illegitimate children?

18. If so, give the information as called for above:

19.\*If a deceased child left descendants, give the following information:

|  |  |  |
| --- | --- | --- |
|  | Living | Date of |
| Name of Child | Date of Birth | Address | or Dead | Death |

Name of Deceased Child

Name of Deceased Child

Date of

20.\*Name of Parents Address Living or Dead Death

Mother

Father

21.\*Names of brothers and sisters of decedent:

Name Relationship Address Living or Dead Date of Death

Briefly state facts and circumstances (such as being an old friend, relative, attorney or agent for decedent) which will show basis and source of the information which has been hereinabove give.

STATE OF δ

δ

COUNT (PARISH) OF δ

 , of lawful age, being first duly sworn, on oath states: that this

(Name of Affiant)

affiant was well and personally acquainted with in lifetime; that

(Decedent)

this affiant has read the foregoing Proof of Death and Heirship, knows the contents hereof, and that each and every statement contained therein is true.

(Affiant)

SUBSCRIBED AND SWORN TO BEFORE ME by the said

THIS day of , 20 .

My commission expires:

Notary Public in and for

\*If additional space is required, use reverse side of this sheet.