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| --- |
| VERMONT AFFIDAVIT OF HEIRSHIP FOR |

(Decedent)

**STATE OF**

**COUNTY 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 well 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. The Decedent's residence was at The decedent died on in

(DATE) (CITY, STATE)

4. Did the Decedent leave a will? If the Decedent did leave a will, please attach copy of same hereto.

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, 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 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 decedent in the legal description above their homestead?

10. Give the names of all spouses of the decedent and their address or date of death/divorce:

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| --- | --- | --- |
| **NAME OF SPOUSE(S)** | **DATE OF MARRIAGE** | **CURRENT ADDRESS OR DATE OF DEATH/DIVORCE** |
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|  |  |  |

11. Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CHILD** | **BIRTH DATE** | **NAME OF CHILD’S****OTHER PARENT** | **CURRENT ADDRESS****OR DATE OF DEATH** |
|  |  |  |  |
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12. Were any of the Decedent's children adopted and if so, which one(s) and when?

13. Provide the following information on the Decedent’s grandchildren, born only to the deceased children in

item 11 above. If there are none, please state that below.

|  |  |  |
| --- | --- | --- |
| **NAME OF GRANDCHILD’S****DECEASED PARENT (FROM #11)** | **NAME OF GRANDCHILD** | **ADDRESS OF GRANDCHILD****OR DATE OF DEATH** |
|  |  |  |
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14. If the Decedent was not survived by any children or grandchildren, provide the following information on the

Decedent’s parents (if living) and all brothers and sisters:

|  |  |  |
| --- | --- | --- |
| **NAME OF RELATIVE** | **RELATIONSHIP** | **ADDRESS OR DATE OF DEATH** |
|  |  |  |
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15. If any of decedent’s brothers or sisters listed in #14 are deceased, give the name and address of their children.

|  |  |  |
| --- | --- | --- |
| **NAME OF NIECE OR NEPHEW’S****DECEASED PARENT (FROM #14)** | **NAME OF NIECE OR****NEPHEW** | **ADDRESS OR DATE OF DEATH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Affiant's Signature

**STATE OF**

**COUNTY/PARISH OF**

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

My Commission expires

Notary Public