

ABOVE THIS LINE IS FOR COUNTY RECORDING ONLY \*\*\*DO NOT WRITE ABOVE THIS LINE\*\*\*

## AFFIDAVIT OF HEIRSHIP

*This Affidavit of Heirship must be filed in the County Clerk's record.*

*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 determination to the estate.*

STATE OF \_\_\_\_\_ )  
 ) SS: WELL NAME/LEASE NO: \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ of \_\_\_\_\_ County, State of \_\_\_\_\_,  
of lawful age, being first duly sworn, states:

That the statements hereinafter set forth, including answers to questions, constitute a true, correct and complete statement of the family history of the person hereinafter named as "decedent" and of the Estate of such decedent.

Name of decedent: \_\_\_\_\_

Date of death: \_\_\_\_\_ Where? (County/State): \_\_\_\_\_

Was decedent married or single at time of death: \_\_\_\_\_ Did decedent leave a Will: \_\_\_\_\_

Has Estate been probated: \_\_\_\_\_ Where? County: \_\_\_\_\_ State: \_\_\_\_\_

If decedent was married one or more times, give the following information (list names in order of marriage):

NAME OF SPOUSE	LIVING OR DEAD (IF DEAD – DATE)	DIVORCE (DATE)	PLACE OF DEATH OR DIVORCE (COUNTY/STATE)
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\_\_\_\_\_

If decedent had any children by any spouse, give following information:

NAME OF CHILD	ADDRESS	PRESENT AGE	SON OR DAUGHTER	LIVING OR DEAD (IF DEAD – DATE)
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If decedent had any children by adoption, give the following:

NAME OF CHILD	ADDRESS	PRESENT AGE	SON OR DAUGHTER	LIVING OR DEAD (IF DEAD–DATE)	PLACE OF ADOPTION
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above named children who have died had only the following children (natural or adopted) and other heirs:

NAME OF DECEASED CHILD	NAMES OF SPOUSE AND CHILDREN	ADDRESS	AGE	LIVING OR DEAD (IF DEAD – DATE)
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIDAVIT OF HEIRSHIP**

In case decedent left no surviving spouse and no children or children of deceased children, give the following information:

NAME	ADDRESS	AGE	LIVING OR DEAD (IF DEAD – DATE)
FATHER _____	_____	_____	_____
MOTHER _____	_____	_____	_____

BROTHERS AND/OR SISTERS NAME	ADDRESS	AGE	LIVING OR DEAD (IF DEAD – DATE)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCENDANTS OF DECEASED BROTHER AND/OR SISTERS NAME	ADDRESS	AGE	CHILD OF
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

State your relationship or acquaintance with decedent and how long and how well you knew the decedent and the decedent’s family:

\_\_\_\_\_

\_\_\_\_\_

Further Affiant said not

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF AFFIANT

STATE OF \_\_\_\_\_

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

Sworn to and subscribed to before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

by \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE

My commission expires: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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