

LAW OFFICES OF  
**TRINITY M. HENDERSON**

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FROM THE DESK OF:

132 Partlo Street  
Garner, NC 27529

Telephone (919) 229-8840  
Fax (888) 502-7306

TRINITY M. HENDERSON  
thenderson@hendersonwall.com

www.trinitymhenderson.com

May 11, 2022

## No Estate Package

Property Address: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

I am currently working on the title search for the above-referenced property and it appears that a prior owner passed away while owning this property. Typically we would pull the estate file from the county and see who inherited the property from the deceased. Unfortunately, I can not find an estate file for the above-referenced individual.

As long as the deceased person passed more than three years ago, we may not have to do an estate in order to sell the property. In order to get a title insurance company to insure this transaction without an estate for the deceased person, we will need to have the following completed:

1. Heir Affidavit - We will need **two** heir affidavits to be completed by two different people who: (1) have person knowledge of the deceased person and (2) does not stand to gain anything from this transaction. This form must be completed in its entirety. SEE SAMPLE AFFIDAVIT for directions. If you have any questions, please contact our office.
2. Family Tree - I will need **two** family trees to be completed by two different people who: (1) have person knowledge of the deceased person and (2) does not stand to gain anything from this transaction. If you have any questions, please contact our office.

We must receive these completed documents back before we can move forward with the title search.

# SAMPLE

## HEIR AFFIDAVIT

I, the undersigned affiant, do hereby swear and affirm that the following information is true and accurate to the best of my knowledge:

1. Name of Deceased Person \_\_\_\_\_ ("decedent")

died on \_\_\_\_\_ (date of death):

\*\*\*\*\* *list the complete name of the deceased person and the date of death.*

[ ] with a Will filed in \_\_\_\_\_ County, State of \_\_\_\_\_;

or

[ ] without a will.

\*\*\*\*\* *check the appropriate box above (if deceased person had an estate, please fill in the blanks for the State and County it was filed)*

2. The Decedent was:

[ ] not married at time of his/her death;

or

[ ] was married to \_\_\_\_\_ at the time of his/her death.

\*\*\*\*\* *check the appropriate box above (if deceased person was married at the time of death, please provide the spouse's name in the blank).*

3. Decedent had:

[ ] no children;

or

[ ] the following children:

Name

alive or deceased

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**\*\*\*\*\* check the appropriate box above (if deceased person had children, please list the children's names on the lines above and state if the children are alive or deceased). PLEASE NOTE: IT does not matter if the children predeceased the parent of not. If the deceased person had children, please list them.**

4. The Decedent's parents both predeceased him/her.

**\*\*\*\*\* PLEASE CONFIRM THIS STATEMENT IS TRUE!**

5. I attest to the accuracy of this information and further agree to hold harmless Henderson Law, Trinity Henderson (or any attorney handling the closing of this transaction), any title insurance company insuring this transaction and their affiliates from the inaccuracy of any of the information herein and from any claims arising from said inaccuracy. I further certify that I have personal knowledge of the information contained in this affidavit based on past personal relationship with the Decedent.

THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Affiant

**\*\*\* <-- SIGN HERE**

Print Name: \_\_\_\_\_

**\*\*\* <--PRINT YOUR NAME**

Sworn to and subscribed before me

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**\*\*\* <--THIS DOCUMENT  
MUST  
BE  
NOTARIZED**

\_\_\_\_\_

Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

**SAMPLE**

STATE OF NORTH CAROLINA

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

**HEIR  
AFFIDAVIT**

I, the undersigned affiant, do hereby swear and affirm that the following information is true and accurate to the best of my knowledge:

1. Name of Deceased Person \_\_\_\_\_ ("decedent")

died on \_\_\_\_\_ (date of death):

with a Will filed in \_\_\_\_\_ County, State of \_\_\_\_\_;

or

without a will.

2. The Decedent was:

not married at time of his/her death;

or

was married to \_\_\_\_\_ at the time of his/her death.

3. Decedent had:

no children;

or

the following children:

Name	alive or deceased
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

4. The Decedent's parents both predeceased him/her.

5. I attest to the accuracy of this information and further agree to hold harmless Henderson

Law, Trinity Henderson (or any attorney handling the closing of this transaction), any title insurance company insuring this transaction and their affiliates from the inaccuracy of any of the information herein and from any claims arising from said inaccuracy. I further certify that I have personal knowledge of the information contained in this affidavit based on past personal relationship with the Decedent.

THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Affiant

Print Name: \_\_\_\_\_

Sworn to and subscribed before me

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

STATE OF NORTH CAROLINA

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

**HEIR  
AFFIDAVIT**

I, the undersigned affiant, do hereby swear and affirm that the following information is true and accurate to the best of my knowledge:

1. Name of Deceased Person \_\_\_\_\_ ("decedent")

died on \_\_\_\_\_ (date of death):

with a Will filed in \_\_\_\_\_ County, State of \_\_\_\_\_;

or

without a will.

2. The Decedent was:

not married at time of his/her death;

or

was married to \_\_\_\_\_ at the time of his/her death.

3. Decedent had:

no children;

or

the following children:

Name

alive or deceased

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

4. The Decedent's parents both predeceased him/her.

5. I attest to the accuracy of this information and further agree to hold harmless Henderson

Law, Trinity Henderson (or any attorney handling the closing of this transaction), any title insurance company insuring this transaction and their affiliates from the inaccuracy of any of the information herein and from any claims arising from said inaccuracy. I further certify that I have personal knowledge of the information contained in this affidavit based on past personal relationship with the Decedent.

THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Affiant

Print Name: \_\_\_\_\_

Sworn to and subscribed before me

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

(SEAL)

# Family Tree

Complete the Family Tree below. If any of the individuals listed below have predeceased the decedent, provide a list of their children, and grandchildren if necessary, on a separate page.

Mother (Deceased? <input type="checkbox"/> )	Father (Deceased? <input type="checkbox"/> )
Decedent	
Child 1 (Deceased? <input type="checkbox"/> )	Child 2 (Deceased? <input type="checkbox"/> )
Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )
Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )
Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )
Spouse (Deceased? <input type="checkbox"/> )	Child 3 (Deceased? <input type="checkbox"/> )
Child 4 (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )
Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )
Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )

## Complete the Following Section if Decedent Died With No Children/Issues.

Sibling 1 (Deceased? <input type="checkbox"/> )	Sibling 2 (Deceased? <input type="checkbox"/> )	Sibling 3 (Deceased? <input type="checkbox"/> )	Sibling 4 (Deceased? <input type="checkbox"/> )
Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )
Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )
Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )	Niece/Nephew (Deceased? <input type="checkbox"/> )

By Signing Below I Do Hereby Attest That The Above Is A True And Accurate Family Tree, To The Best Of My Knowledge.

Date	Signature of Fiduciary 1
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Date	Signature of Fiduciary 2
------	--------------------------



# Family Tree

Complete the Family Tree below. If any of the individuals listed below have predeceased the decedent, provide a list of their children, and grandchildren if necessary, on a separate page.

Mother (Deceased? <input type="checkbox"/> )		Father (Deceased? <input type="checkbox"/> )	
Decedent			
Child 1 (Deceased? <input type="checkbox"/> )	Child 2 (Deceased? <input type="checkbox"/> )	Child 3 (Deceased? <input type="checkbox"/> )	Child 4 (Deceased? <input type="checkbox"/> )
Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )
Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )
Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )	Grandchild (Deceased? <input type="checkbox"/> )
Sibling 1 (Deceased? <input type="checkbox"/> )		Sibling 3 (Deceased? <input type="checkbox"/> )	
Niece/Nephew (Deceased? <input type="checkbox"/> )		Niece/Nephew (Deceased? <input type="checkbox"/> )	
Niece/Nephew (Deceased? <input type="checkbox"/> )		Niece/Nephew (Deceased? <input type="checkbox"/> )	
Niece/Nephew (Deceased? <input type="checkbox"/> )		Niece/Nephew (Deceased? <input type="checkbox"/> )	
Sibling 2 (Deceased? <input type="checkbox"/> )		Sibling 4 (Deceased? <input type="checkbox"/> )	
Niece/Nephew (Deceased? <input type="checkbox"/> )		Niece/Nephew (Deceased? <input type="checkbox"/> )	
Niece/Nephew (Deceased? <input type="checkbox"/> )		Niece/Nephew (Deceased? <input type="checkbox"/> )	
Niece/Nephew (Deceased? <input type="checkbox"/> )		Niece/Nephew (Deceased? <input type="checkbox"/> )	

Complete the Following Section if Decedent Died With No Children/Issues.

By Signing Below I Do Hereby Attest That The Above Is A True And Accurate Family Tree, To The Best Of My Knowledge.

Date

Signature of Fiduciary 1

Date

Signature of Fiduciary 2

