Patrick W. Walsh

Attorney at Law

53 West Ogden Avenue,

Clarendon Hills, Illinois 60514,

[(630) 794-0300](tel:6307940300)

[patrick@pwalsh.com](mailto:patrick@pwalsh.com)

**AFFIDAVIT OF HEIRSHIP QUESTIONNAIRE**

**All information below must be filled in completely. Please make sure that all information that you submit is accurate. When creating legal documents, correct information must be provided, or the documents will not be accurate. Any pertinent information that is left blank may delay completion of this affidavit. Title Insurance Companies and others may rely upon this information and its representatives to produce a recordable document that will disclose the heirship of the decedent to complete the chain of title for all future parties interested in the subject property.**

**Person or Entity Ordering Document**

Name:

Address:

Phone:

Email:

**Name of decedent**:

**Address of the Decedent (including county) at time of death**:

**Spouse, if any, at time of death:**

**What was the decedent's marital history?**

**Name of Affiant:**

**Address of the Affiant:**

**Number of years Affiant knew Decedent:**

**Date of Decedent’s Death (attach a copy of death certificate to this questionnaire):**

**Decedent’s Place of Death:**

**(Use additional sheet if necessary)**

**Did decedent have any children: Yes or No**

**\*\*\*\*\*The term children above refers to all children born to the decedent (*even if child was given up for adoption*), legally adopted by the decedent or taken in by the decedent with the intent to adopt, whether living or deceased\*\*\*\*\***

If yes, list each child (living or deceased) and each child’s date of birth:

Child’s Full Name Date of Birth

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***\*(Use additional sheet if necessary) \****

**Are all of the above children 18 years of age or older? Yes or No?**

***\*\*\*\*\*\*\*\*If NO, stop here and consult an attorney for further instructions\*\*\*\*\*\*\*\****

**Are all of the above children still living? Yes or No?**

***\*\*\*\*\*\*\*\*If NO, then explain circumstances for each deceased child (please include date of death for each deceased child)\*\*\*\*\*\*\*\* (Use additional sheet if necessary)***

**Decedent’s mother’s name:**

**Decedent’s father’s name:**

**TWO DISINTERESTED PARTIES MUST SIGN THE FINAL RECORDABLE AFFIDAVIT. PLEASE LIST THE *FULL LEGAL NAMES* OF THE TWO PARTIES THAT WILL SIGN THE FINAL AFFIDAVIT:** (**Do not have them sign this document – please print their names only)**

1.

2.

**(Note: A disinterested party is any person that knows the family history of the decedent, can attest to all facts that are disclosed by the affidavit and has no material interest in the estate of the deceased nor the transaction being conducted.)**

**Is there confirmation from the affiant that the decedent died without leaving a will?**

**Is there confirmation that the decedent's estate was not administrated or brought to court? For example, if it went to court, then there was administration. When it goes to court, either the executor (with a will) or administrator (without a will) must sign off on behalf of the estate.**

**Did the decedent die Intestate (without a will) or Testate (with a will)?**

**Was or will the estate be probated**: Yes or No:

**If decedent died Testate (with a will), please provide a complete copy of the will and any documents from probate proceedings\*\*\*\***

**To the best of my knowledge, Decedent owned an interest in the following real property:**

**How was title to the property held? (include tenancy…for example, survivorship tenancy/tenancy by the entireties/joint tenancy/tenants in common/land trust):**

**Marital status of decedent at time of death:** Married or Single?

**If Married - *Full* name of widow/widower**:

**Date of their marriage**:

**Except as above, was decedent married at any time *during their ownership* of the subject property**? Yes or No

**If Yes-*Full* name of ex-spouse**:

**Dates of marriage/divorce**:

**Termination of marriage by: Death of spouse, Divorce, Other (please explain circumstances)**:

**If decedent was married at the time of death, are all of the above children of that marriage?**

Yes or No?

**This questionnaire prepared by**:

**Phone number**:

**Email:**

Property Identification

Street Address:

City:

County:

State:

Property or Tax Identification Number (PIN or TIN):

Legal Description of Property[[1]](#footnote-1): Please attach or send by separate email.

1. If unknown, please submit a copy of the prior deed and/or mortgage that contains legal description for the property. [↑](#footnote-ref-1)