

DEATH AND HEIRSHIP AFFIDAVIT

STATE OF _____

COUNTY OF _____

_____, whose address is _____
(Affiant) (Address)

_____, being of lawful age, being first duly sworn according to law, on oath says:
(City and State)

That he/she was well and personally acquainted with the person hereinafter named as “decedent”, 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 decedent and of decedent’s estate.
This Affidavit is made in connection with title to the following lands:

_____ County, State of _____

GENERAL INFORMATION

Name of decedent _____ Decedent’s birth date _____ Date decedent died _____
Place of domicile _____

Did decedent leave a will? Y ☐ N ☐ Has it been probated? Y ☐ N ☐ If yes, give name and address of executor _____

Has there been other administration? Y ☐ N ☐ Where? _____ If yes, give name and Address of administrator _____

Were there any unpaid debts or obligations due by decedent at time of death? Y ☐ N ☐ If so, give the following information:

To Whom Owing	Amount	Nature of Debt	Paid or Unpaid

Was decedent’s estate chargeable with any State or Federal inheritance taxes? Y ☐ N ☐ If yes, have said taxes been paid in full? Y ☐ N ☐ Was decedent surety on any bond at the time of death? Y ☐ N ☐ Were there any suits pending or any judgments rendered in any Court, against decedent at the time of death? Y ☐ N ☐ If so, state briefly the nature, amount involved, parties to the action and Court in which pending

Was decedent’s personal estate (excluding land) sufficient to pay all debts and taxes? Y ☐ N ☐

MARITAL HISTORY

Was decedent married or single at the time of death? _____
If married, to whom? _____ Address: _____

Was decedent ever married to any other than above-named person? Y ☐ N ☐
If so, give the following information: (List names in order of marriage)

Name of Spouse	Living or Dead	Divorced?	Date of Death or Divorce

DIRECT DESCENDANTS

How many children did decedent have during his/her lifetime? _____ List the names, birth dates, etc. of ALL children of decedent, whether now living or dead:

Name of Child	Date of Birth	Address	Living?	Date of Death	Name of Other Parent
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		
			Y <input type="checkbox"/> N <input type="checkbox"/>		

ADOPTED CHILDREN

Did decedent ever adopt any children? Y ☐ N ☐ If so, give details, such as name and birth date of adopted child; date of adoption; whether adopted by deed or Court Order; Court, County and State where adoption papers filed; and other pertinent information:

Give name of husband or wife of any married child, whether natural or adopted:

Name of Child	Name of Spouse

Has a guardian been appointed for any of said children who are minors? Y ☐ N ☐ If so, please complete the following:

Name of Child	Name of Guardian	Address	Court, County and State where appointment was made	Is guardian still qualified and acting?
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

If a deceased child left descendants, give the following information:

Name of deceased child	Name of Child	Date of Birth	Address	Living?	Date of Death
Name of Spouse if married				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	

Name of deceased child	Name of Child	Date of Birth	Address	Living?	Date of Death
Name of Spouse if married				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	

Name of deceased child	Name of Child	Date of Birth	Address	Living?	Date of Death
Name of Spouse if married				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	

COLLATERAL HEIRS

If decedent was not survived by one or more children, or children of deceased children, then please furnish the following information:

Name of Parent	Living?	Date of Death	Current or Last Known Address
	Y <input type="checkbox"/> N <input type="checkbox"/>		
	Y <input type="checkbox"/> N <input type="checkbox"/>		

Was decedent an adopted child? Y ☐ N ☐
 Provide the following information for ALL brothers and sisters of decedent, including any adopted brothers or sisters. Under heading of "Relation", indicate relationship to decedent (brother or sister, half-brother or half-sister, or adopted brother or sister):

Name	Relation	Address	Living?	Date of Death
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	

If any of said brothers or sisters are minors, has a guardian been appointed? Y ☐ N ☐ If so, then please furnish the following information:

Name of Child	Name of Guardian	Address	Court, County and State where appointment was made	Is guardian still qualified and acting?
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

Give names of children of deceased brother or sister:

Name of Child	Child of	Birth date	Address	Living?
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>
				Y <input type="checkbox"/> N <input type="checkbox"/>

Briefly state the facts and circumstances (such as being a relative of, attorney or agent for, or longtime friend of, deceased) which shows the basis and source of information hereinbefore given:

Please provide any miscellaneous remarks you feel are significant regarding the decedent:

(Signature of Affiant)

Subscribed and sworn to this _____ day of _____, _____.

(SEAL)

Notary Public

Printed Name of Notary

My Commission Expires: _____

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

(SEAL)

Notary Public

Printed Name of Notary

My Commission Expires: _____

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TO BE COMPLETED BY AN ADDITIONAL PERSON (AFFIANT) WHO KNEW THE DECEDENT, WHO IS NOT A PARENT, SIBLING OR CHILD OF THE DECEDENT AND IS CONFIRMING THAT THE INFORMATION PROVIDED BY THE FIRST AFFIANT IS TRUE AND CORRECT. HAVE THE SWORN STATEMENT ACKNOWLEDGED BY A NOTARY.

SUPPORTING AFFIDAVIT

STATE OF _____

COUNTY OF _____

_____, whose address is _____
(Affiant) (Address)

_____, being of lawful age, being first duly sworn according to law, on oath says:
(City and State)

That this affiant was well and personally acquainted with _____
(Name of decedent)

in his/her lifetime; that this affiant has read the foregoing Death and Heirship Affidavit, knows the contents thereof, and that each and every statement therein contained is true, to the best of his/her knowledge and belief.

Affiant

Subscribed and sworn to this _____ day of _____, _____.

(SEAL)

Notary Public

Printed Name of Notary

My Commission Expires: _____

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known or proved to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, _____.

(SEAL)

Notary Public

Printed Name of Notary

My Commission Expires: _____