

This Affidavit was drafted by:

(Name) \_\_\_\_\_

(Address) \_\_\_\_\_

NAME OF DECEASED: \_\_\_\_\_

NEW OWNER: \_\_\_\_\_

SEND TAX NOTICES TO THE ADDRESS OF: \_\_\_\_\_

**AFFIDAVIT OF HEIRSHIP**  
*Tennessee Code Annotated § 30-2-712*

**\*Must be completed by someone who is NOT the beneficiary.**  
**After you complete this form, record in the Register of Deeds Office.**

The undersigned, being duly sworn, deposes and says:

1. My full name is \_\_\_\_\_ . I will refer to myself in this Affidavit as the Affiant.

2. I reside at (address) \_\_\_\_\_  
\_\_\_\_\_

3. I have personal knowledge of the matters stated in this Affidavit.

4. On date of \_\_\_\_\_ *the above-named decedent* died in \_\_\_\_\_  
County, Tennessee.

5. The real property to which this Affidavit applies is more fully described as:

Address of the property: \_\_\_\_\_

The book and page number of the last deed recorded: Book# \_\_\_\_\_ Page# \_\_\_\_\_

6. Was the Decedent married at the time of death? no

7. Was the estate of the Decedent administered in a proceeding supervised by a court? \_\_\_\_\_

8. How do you know the decedent? \_\_\_\_\_

9. Address of the place the Decedent died: \_\_\_\_\_

X \_\_\_\_\_  
(Signature)

NOTE: If you do not know this information, you can ask the County Assessor of Property.

Map: \_\_\_\_\_ Grp: \_\_\_\_\_ Ctrl Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

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**NOTARY PUBLIC USE ONLY!**

State of \_\_\_\_\_, County of \_\_\_\_\_

Sworn to and subscribed before me this date of \_\_\_\_\_.

My Commission expires: \_\_\_\_\_

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