

NOTICE OF CONFIDENTIALITY RIGHTS: IF YOU ARE A NATURAL PERSON, YOU MAY REMOVE OR STRIKE ANY OF THE FOLLOWING INFORMATION FROM THIS INSTRUMENT BEFORE IT IS FILED FOR RECORD IN THE PUBLIC RECORDS: YOUR SOCIAL SECURITY NUMBER OR YOUR DRIVER'S LICENSE NUMBER.

AFFIDAVIT OF HEIRSHIP

State of _____ **RE: _____, Deceased**
(hereinafter "Decedent")

Parish/County _____

The undersigned _____, whose address is, _____
(Street)

_____; being duly sworn, upon oath deposes and acknowledged:
(City) (State) (Zip)

That he/she is over 21 years of age and not incapacitated in any way, and that the statements hereinafter set forth, including answers to questions proposed, constitute a true, correct and complete statement of the family history of the Decedent.

1. State briefly your association with the Decedent (i.e., friend, attorney, relative (but not heir), etc.):

2. When did the Decedent die? _____ Where? _____

3. Age and location of the Decedent at time of death? _____

4. Was Decedent of sound mind at the time of death and during entire life? _____

5. Marital status at time of death: (circle one) Married Widow/Widower Divorced Single

If Decedent was ever married, complete the following:

Name of Spouse	Surviving Spouse, Divorced, or Deceased?	Current address of Surviving Spouse or Date and Place of Divorce and/or Death
_____	_____	_____

6. List below ALL children born to the Decedent.

A. _____
Legal Name of Child Birth Date By which spouse? If deceased, Date of Death

If living, Current Street Address City State Zip

B. _____
Legal Name of Child Birth Date By which spouse? If deceased, Date of Death

If living, Current Street Address City State Zip

C. _____

Legal Name of Child	Birth Date	By which spouse?	If deceased, Date of Death
_____	_____	_____	_____
If living, Current Street Address	City	State	Zip

7. Did Decedent have any adopted children? _____ or Stepchildren? _____

If so, please list below

A. _____

Legal Name of Child	Birth Date	By which spouse?	If deceased, Date of Death
_____	_____	_____	_____
If living, Current Street Address	City	State	Zip

8. List below the names of ALL children of every deceased child, if any:

A. _____

Legal Name of Child	Birth Date	By which spouse?	If deceased, Date of Death
_____	_____	_____	_____
If living, Current Street Address	City	State	Zip

B. _____

Legal Name of Child	Birth Date	By which spouse?	If deceased, Date of Death
_____	_____	_____	_____
If living, Current Street Address	City	State	Zip

9. If the Decedent left no surviving spouse, and/or children or descendants of children, please complete the following:

A. _____

Legal Name of Father	Living or Deceased?	If deceased, Date of Death
_____	_____	_____
If living, Current Street Address	City	State

B. _____

Legal Name of Mother	Living or Deceased?	If deceased, Date of Death
_____	_____	_____
If living, Current Street Address	City	State

C. _____

Legal Name of Sibling	Birth Date	If Deceased, Date of Death	If deceased, any children?
_____	_____	_____	_____
If living, Current Street Address	City	State	Zip

D. _____
 Legal Name of Sibling Birth Date If Deceased, Date of Death If deceased, any children?

 If living, Current Street Address City State Zip

10. Did the Decedent leave a will? _____

A. If yes, was the will admitted to probate? _____ Where and When? _____

B. If no, was an Administrator appointed for the estate? _____ Where? _____

11. Were there any unpaid debts, obligations, lawsuits or judgments pending against the Decedent? _____

If yes, provide details: _____

12. Have all of the heirs of the Decedent now and always been of sound mind and memory? _____

If not, please specify: _____

 Signature of Affiant

STATE OF _____)
)
 COUNTY OF _____)

Sworn to and subscribed to before me on _____, 20____ by _____, Affiant.

 Notary Public in and for the State of Texas
 My commission expires: _____

I, _____ witnessed the execution of this Affidavit of _____ in her/his presence
 and state that this Affidavit was executed on the date stated above.

STATE OF TEXAS)
)
 COUNTY OF _____)

Sworn to and subscribed to before me on _____, 20____ by _____, as witness.

 Notary Public in and for the State of Texas
 My commission expires: _____