



## **AFFIDAVIT OF HEIRSHIP INSTRUCTIONS**

ENCLOSED IS A COPY OF SYDRI ENERGY GROUP' AFFIDAVIT OF HEIRSHIP.

THIS AFFIDAVIT MUST BE COMPLETED BY A PERSON WHO IS NOT AN HEIR OF THE DECEASED, WHO IS NOT INTERESTED IN THE DECEASED'S PROPERTY, AND WHO WILL NOT GAIN FINANCIALLY FROM THE DECEASED'S ESTATE. THE AFFIDAVIT MUST BE SIGNED BY THE PERSON COMPLETING THE FORM, AND THE SIGNATURE NOTARIZED BY A NOTARY PUBLIC. THE AFFIDAVIT MUST THEN BE SENT TO THE COUNTY, WHERE THE PROPERTY IS LOCATED FOR RECORDING.

PLEASE ATTACH TO THE AFFIDAVIT OF HEIRSHIP:

- 1) A COPY OF THE DECEASED'S CERTIFIED DEATH CERTIFICATE.
- 2) IF DECEASED LEFT A WILL, A COPY OF THE DECEASED'S WILL.
- 3) THE COMPLETE ADDRESS FOR ALL HEIRS.

RETURN THE FULLY COMPLETED, NOTARIZED, & RECORDED AFFIDAVIT OF HEIRSHIP TO:

**SYDRI ENERGY, INC  
ATTENTION: OWNER RELATIONS  
10210 N. CENTRAL EXPRESSWAY,  
Suite 130  
DALLAS, TX 74231**

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT SYDRI ENERGY, INC. OWNER RELATIONS DEPARTMENT AT (214) 373-8626 OR BY EMAIL AT [ownerrelations@sydrienergy.com](mailto:ownerrelations@sydrienergy.com).

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

**AFFIDAVIT OF HEIRSHIP**

\_\_\_\_\_  
(Decedent)

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

\_\_\_\_\_, whose address is \_\_\_\_\_  
\_\_\_\_\_ hereinafter referred to as "Affiant" being of lawful age and being duly sworn, upon oath deposes and says that (s)he was well acquainted with \_\_\_\_\_, hereinafter referred to as the "Decedent", and that the answers and statements given in the following questionnaire are based upon Affiant's personal knowledge and are true and correct.

1. How long did you know the Decedent? \_\_\_\_\_
2. What was your relationship to the Decedent? \_\_\_\_\_
3. Complete the following sentences:  
Decedent's home was at \_\_\_\_\_  
Decedent died at the age of \_\_\_\_\_ on \_\_\_\_\_  
Decedent died at \_\_\_\_\_, State of \_\_\_\_\_
4. Did Decedent leave a will? \_\_\_\_\_ If Decedent left a will, attach a copy hereto.
5. Have probate proceedings commenced? \_\_\_\_\_ If so, complete the following to the best of your knowledge: Proceedings were commenced in \_\_\_\_\_ County, State of \_\_\_\_\_  
Name and address of executor or administrator \_\_\_\_\_  
\_\_\_\_\_
6. Are there any debts still owing on the Decedent's estate? \_\_\_\_\_ If so, will the size of the estate be sufficient in your opinion to pay such debts? \_\_\_\_\_
7. Have all Federal and State Inheritance taxes been paid (If none due, state "None Due")? \_\_\_\_\_
8. Was the interest in the above described property community or separate? \_\_\_\_\_  
Separate property is inherited property or property owned prior to marriage.  
Community property is property purchased by, or deeded to both husband & wife during the marriage.
9. Was the property of the Decedent as described on this affidavit a homestead? \_\_\_\_\_
10. At the time of death, was Decedent single, married, divorced, a widow or widower and, if married, what was the Decedent's surviving spouse's name? \_\_\_\_\_  
What is the surviving spouse's address? \_\_\_\_\_
11. If the Decedent's spouse is deceased, when did the spouse die? \_\_\_\_\_
12. How many times was the Decedent married? \_\_\_\_\_ If Decedent was married more than once, complete the following:

<u>Name of Former Spouse</u>	<u>Date Terminated</u>	<u>Death or Divorce</u>	<u>Present Address or Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE PROVIDE COMPLETE ADDRESSES FOR ALL HEIRS. ON A SEPARATE PAGE, PROVIDE SOCIAL SECURITY NUMBERS. DO NOT INCLUDE THE PAGE OF SOCIAL SECURITY NUMBERS WHEN YOU SUBMIT THE DOCUMENT FOR RECORDING (TO PROTECT YOUR PRIVACY).

13. What was the total number of Decedent's children, both natural and adopted? \_\_\_\_\_ Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted:

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Name of Other Parent</u>	<u>Present Address or Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Were any of Decedent's children adopted and, if so, which ones and when?

\_\_\_\_\_

15. Complete the following table with respect to all children of every deceased child (if any) of the Decedent:

<u>Name of Decedent's Deceased Child</u>	<u>Children of Deceased Child</u>	<u>Date of Birth</u>	<u>Present Address or Date of Death</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. If Decedent was not survived by any children or grandchildren, then give below the names and addresses of Decedent's father, mother and all brothers, sisters, nieces and nephews who are still living:

<u>Name of Relative</u>	<u>Relationship</u>	<u>Age</u>	<u>Present Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Affiant's Signature

Scribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

(SEAL)

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

ATTACH COPY OF DEATH CERTIFICATE