



**AFFIDAVIT OF DEATH AND HEIRSHIP**

**STATE OF** \_\_\_\_\_ **§**                      **COUNTY OF** \_\_\_\_\_ **§**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ (“Affiant”), an adult, known to be a credible person, and being duly sworn upon oath did say as follows:

My name is \_\_\_\_\_ (“Affiant’s full name”). Whose address is \_\_\_\_\_. I am over the age of twenty-one (21) years and am fully competent to make this affidavit. I am well acquainted with the facts surrounding the life and death of \_\_\_\_\_ (“Decedent’s full name”) and that the following answers and statements are based on Affiant’s personal knowledge and are true, correct and complete to the best of Affiant’s knowledge and belief.

SOURCE OF AFFIANT’S KNOWLEDGE:

How long did you know Decedent? \_\_\_\_\_

What was your relationship to Decedent? \_\_\_\_\_

\_\_\_\_\_

DECEDENT’S BIRTH AND DEATH:

Decedent was born on \_\_\_\_\_ (date) in \_\_\_\_\_ (city), State of \_\_\_\_\_ to \_\_\_\_\_ (Names of Decedent’s Parents).

Decedent died at the age of \_\_\_\_\_ on \_\_\_\_\_ (date) in \_\_\_\_\_ (city), State of \_\_\_\_\_.

ADMINISTRATION OF DECEDENT’S ESTATE:

Did Decedent leave a Will? \_\_\_\_\_

If so, has the Will been probated? \_\_\_\_\_, Where? \_\_\_\_\_ (County/State).

If the Will has not been probated, has there been any other administration proceeding to Decedent’s estate? \_\_\_\_\_, Where? \_\_\_\_\_ (County/State).

Are there any debts still owed by Decedent’s Estate? \_\_\_\_\_ Will the Estate be able, in your opinion to pay them? \_\_\_\_\_

DECEDENT'S MARITAL STATUS:

Has Decedent ever been married? \_\_\_\_\_

If the Decedent was ever married, fill in the following table for each marriage as applicable:

Full Name of Spouse	Date of Marriage	Date of Termination	Nature of Termination (death or divorce)	Present Address or Date of Death

DECEDENT'S CHILDREN:

What was the total number of Decedent's children, both born to Decedent and adopted? \_\_\_\_\_

Please fill in the following table for all children of Decedent, whether living or deceased, born to Decedent or adopted (must list all children regardless if address is known or unknown). If child is deceased, list all deceased child's surviving children. If necessary, you can add an addendum to list all names.

Full Name of Child	Date of Birth	Name of Child's other Parent	Present Address or Date of Death

DECEDENT'S OTHER SURVIVING RELATIVES:

If the Decedent left no surviving spouse, children or grandchildren, please give the names of Decedent's surviving relatives: father, mother, sister(s) and brother(s) or *if none* give the name of any surviving relatives.

Name of Relative	Date of Birth	Relationship to Decedent	Present Address

The foregoing information is true and complete, to the best of my knowledge. Subscribed and sworn to this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
AFFIANT'S SIGNATURE

\_\_\_\_\_  
AFFIANT'S PRINTED NAME

**ACKNOWLEDGEMENT**

**STATE OF** \_\_\_\_\_ §

**COUNTY OF** \_\_\_\_\_ §

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

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