

FATHER

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

Reported Claim owner name: number											
con		e completed by a third dis the decedent left a will th									
Affic	davit of facts con	cerning the identity of Hei	rs for the Estate of	f:							
		ersigned authority, on this og first duly sworn, upon his		eared:							
,	1. My name is:										
	I live at:										
I am personally familiar with the family and marital history of:											
2.	knew the decedent fromuntilDecedent died on			on	·						
	Decedent's place of death:										
	At the time of decedent's death, decedent's residence was:				STATE		COUNTY				
3.	Provide the following information on the deceased's marital history: (If never married, please state that below.)										
	NAME OF SPOUSE			DATE OF DA' MARRIAGE DIV		OF DATE OF SPOUSE'S DEATH					
1											
4.	Provide the following information on the deceased's natural born and adopted children: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)										
	NAME OF CHILD/ CURRENT ADDRESS		DATE OF BIRTH		NAME OF CHILD'S OTHER PARENT		DATE OF CHILD'S DEATH				
5.	Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above: (If there are none, please state that below.)										
	NAME OF CHILD/ CURRENT ADDRESS		DATE	DATE OF BIRTH		NAME OF GRANDCHILD'S DECEASED PARENT					
6.	If the decedent r	If the decedent never married and did not have any children, provide the following information on the deceased's parents:									
	DECEASED'S PARENTS						PARENT'S DATE OF DEATH				
	MOTHER										

Illem 7, above: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.) NAME OF NIECE OR NEPHEW DATE OF NAME OF NIECE OR NEPHEW'S	Reported owner name:		Claim number:							
NAME OF CHILD/ CURRENT ADDRESS BIRTH BROTHER'S OR SISTER' DATE OF DEATH ATTERIOR DATE OF BROTHER'S OR SISTER' DATE OF DEATH BRITH 8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in term 7, above: (If there are none, please state that below, If additional space is needed, please provide information as an attachment.) NAME OF NIECE OR NEPHEW'S BIRTH NAME OF NIECE OR NEPHEW'S DECEASED PARENT Signed this		d's brothers and/or sis	sters:							
8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above: Item 7, above: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.) NAME OF NIECE OR NEPHEW' CURRENT ADDRESS BIRTH Signed this	NAME OF CHILD/				ROTHER'S OR SISTER' DATE OF DEATH					
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.) NAME OF NIECE OR NEPHEW! DATE OF NAME OF NIECE OR NEPHEW'S										
Illem 7, above: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.) NAME OF NIECE OR NEPHEW DATE OF NAME OF NIECE OR NEPHEW'S DECEASED PARENT										
Ilem 7, above: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.) NAME OF NIECE OR NEPHEW DATE OF NAME OF NIECE OR NEPHEW'S										
Ilem 7, above: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.) NAME OF NIECE OR NEPHEW DATE OF NAME OF NIECE OR NEPHEW'S										
NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS BIRTH Signed this day of	Item 7, above:		-							
Signed this day of, State of County of Sworn to and subscribed to before me on (NOTARY SIGNATURE)	NAME OF NIECE OR NEPHEW/									
(SIGNATURE OF AFFIANT) State of County of Sworn to and subscribed to before me on (DATE) by (NAME OF AFFIANT) (NOTARY SIGNATURE)	CURRENT ADDRESS	BIRTH		DECEASED PA	ARENT					
(SIGNATURE OF AFFIANT) State of County of Sworn to and subscribed to before me on (DATE) by (NAME OF AFFIANT) (NOTARY SIGNATURE)										
(SIGNATURE OF AFFIANT) State of County of Sworn to and subscribed to before me on (DATE) by (NAME OF AFFIANT) (NOTARY SIGNATURE)										
(SIGNATURE OF AFFIANT) State of County of Sworn to and subscribed to before me on (DATE) by (NAME OF AFFIANT) (NOTARY SIGNATURE)										
(SIGNATURE OF AFFIANT) State of County of Sworn to and subscribed to before me on (DATE) by (NAME OF AFFIANT) (NOTARY SIGNATURE)	·									
(SIGNATURE OF AFFIANT) State of County of Sworn to and subscribed to before me on (DATE) by (NAME OF AFFIANT) (NOTARY SIGNATURE)	Signed this day of	Cigned this day of								
State of County of Sworn to and subscribed to before me on (DATE) by (NAME OF AFFIANT) (NOTARY SIGNATURE)	Signed this day of	Signed this day or,								
Sworn to and subscribed to before me on		(SIGNATURE OF AFFIANT)								
Sworn to and subscribed to before me on										
Sworn to and subscribed to before me on										
Sworn to and subscribed to before me on	State of									
(NAME OF AFFIANT) (NOTARY SIGNATURE)	County of									
(NAME OF AFFIANT) (NOTARY SIGNATURE)										
(NOTARY SIGNATURE)	Sworn to and subscribed to before me on _	(DATE)	(DATE)							
(NOTARY SIGNATURE)	h.:									
	Dy									
		(NOTARY SIGNATURE)								
(Notary Seal) My commission expires: day of,	(Notary Seal) Mv commi	ssion expires:	_ day of _							