



**AFFIDAVIT OF HEIRSHIP
INFORMATION FORM**

Information of Deceased ("Decedent"):

Name of Decedent: _____

Decedent's Date of Birth (mm/dd/year): _____

Decedent's Date of Death (mm/dd/year): _____

City and State of Death: _____

County of Death: _____

Marital Information of Decedent:

How many times was the Decedent married? _____

Please complete the following for each marriage. Please attach additional marital information, if necessary.

A. First Spouse's Name: _____

Date of Marriage: _____

City and State of Marriage: _____

Marriage ended by Death of First Spouse

Date of First Spouse's Death: _____

County and State of First Spouse's Death: _____

Marriage ended by Divorce

Date of Divorce: _____

County and State the Divorce was filed in: _____

Marriage ended by Death of Decedent



B. Second Spouse's Name: _____

Date of Marriage: _____

City and State of Marriage: _____

Marriage ended by Death of First Spouse

Date of First Spouse's Death: _____

County and State of First Spouse's Death: _____

Marriage ended by Divorce

Date of Divorce: _____

County and State the Divorce was filed in: _____

Marriage ended by Death of Decedent

Information of Decedent's Heirs:

How many children did Decedent have? _____

Did the Decedent adopted more children? Yes No

Did Decedent raise any other children at their home? Yes No

If Yes, list name(s): _____

Complete the following information of the Decedent's children. Please attached additional children's names and information, if necessary.

A. Child's Name: _____

Name of Other Parent: _____

Child's Date of Birth: _____

Current Address (include City and State): _____

If Child A is deceased, please complete the following:

Name of children from deceased Child A:

i. _____

ii. _____

iii. _____

iv. _____

B. Child's Name: _____

Name of Other Parent: _____

Child's Date of Birth: _____

Current Address (include City and State): _____

If Child B is deceased, please complete the following:

Name of children from deceased Child B:

i. _____

ii. _____

iii. _____

iv. _____

C. Child's Name: _____

Name of Other Parent: _____

Child's Date of Birth: _____

Current Address (include City and State): _____

If Child C is deceased, please complete the following:

Name of children from deceased Child C:

i. _____

ii. _____

iii. _____

iv. _____

Information of Estate of Decedent:

Did Decedent have a Will? Yes No

Do you have the Original Will? Yes No

Has there been an administration of Decedent's estate? Yes No

Are there any debts that are unpaid: Yes No

If yes, please list and describe with the unpaid amount. _____

Did Decedent own any interest in real property? Yes No

If yes, please list the physical address and legal description of each real property.

Information of Affiants:

A. Affiant's Name: _____

Affiant's Address (include City, State and Zip Code): _____

What is the relationship between the Affiant and Decedent? _____

How long did the Affiant know the Decedent? _____

B. Affiant's Name: _____

Affiant's Address (include City, State and Zip Code): _____

What is the relationship between the Affiant and Decedent? _____

How long did the Affiant know the Decedent? _____

C. Affiant's Name: _____

Affiant's Address (include City, State and Zip Code): _____

What is the relationship between the Affiant and Decedent? _____

How long did the Affiant know the Decedent? _____

Please attach any additional information to this form.

THIS FORM DOES NOT CONSTITUTE A RECORDABLE DOCUMENT AND IS FOR INFORMATIONAL PURPOSES ONLY.