DEATH AND HEIRSHIP AFFIDAVIT

STATE OF _____)
)
COUNTY OF _____)

_____ of _____
of lawful age, being first duly sworn, states:

That the statements hereinafter set forth, including answers to questions, constitute a true, correct and complete statement of the family history of the person hereinafter named as "decedent" and of the Estate of such decedent.

Name of decedent:_____

Date of death:_____ Where (County & State):_____

The said decedent was the owner of the following described land, situated in County/Counties, State

of _____, to wit:

_____

Was decedent married or single at time of death:_____ Did decedent leave a Will:_____

Has Estate been probated:_____ Where? City:_____

County:_____ State:_____

If decedent was married one or more times, give the following information (list names in order of marriage):

NAME OF SPOUSE	LIVING OR DEAD (IF DEAD - DATE)	DIVORCE (DATE)	PLACE OF DEATH OR DIVORCE (CITY, COUNTY AND STATE)

If decedent had any children by any spouse, give following information:

NAME OF CHILD	ADDRESS	PRESENT AGE	SON OR DAUGHTER	LIVING OR DEAD (IF DEAD - DATE)

If decedent had any children by adoption, give the following:

NAME OF CHILD	ADDRESS	PRESENT AGE	SON OR DAUGHTER	LIVING OR DEAD (IF DEAD - DATE)	PLACE OF ADOPTION

The above named children who have died had only the following children (natural or adopted) and other heirs:

NAME OF DECEASED CHILD	NAMES OF SPOUSE AND CHILDREN	ADDRESS	AGE	LIVING OR DEAD (IF DEAD - DATE)

In case decedent left no surviving spouse and no children or children of deceased children, give the following information:

NAME	ADDRESS	LIVING	DATE OF DEATH

FATHER	_____	_____	_____	_____
MOTHER	_____	_____	_____	_____

	NAME	ADDRESS OR, IF NOT LIVING, DATE OF DEATH	NAME OF SPOUSE
BROTHERS & SISTERS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

			CHILD OF
DESCENDANTS OF DECEASED BROTHERS & SISTERS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Affiant states that he/she was well acquainted with the financial condition of decedent and that the debts against said Estate (have / have not) been paid.

State your relationship or acquaintance with decedent and how long and how well you knew the decedent and the decedent's family: _____

_____

Further Affiant said not

Signed: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

My commission expires: _____

_____

Notary Public resides at: _____