

DEATH AND HEIRSHIP AFFIDAVIT

STATE OF _____

COUNTY OF _____

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

1. 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.

2. Name of decedent: _____

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

4. The said decedent was the owner of the following described land, situated in _____ County/Countries, State
of _____, to wit: _____

5. Was decedent married or single at time of death? _____ Did decedent leave a Will? _____

Has Estate been probated? _____ Where? City: _____ County _____ State: _____

6. If decedent was married one or more times, give the following information (list names in order of marriage): Not Applicable

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

7. If decedent had any children by any spouse, give following information: Not Applicable

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

8. If decedent had any children by adoption, give the following: Not Applicable

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

9. The above named children who have died had only the following children (natural or adopted) and other heirs: Not Applicable

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

10. In case decedent left no surviving spouse and no children or children of deceased children, give the following information: Not Applicable

| | NAME | ADDRESS | LIVING | DATE OF DEATH |
|--------|-------|---------|--------|---------------|
| FATHER | _____ | _____ | _____ | _____ |
| MOTHER | _____ | _____ | _____ | _____ |

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

| DESCENDANTS OF DECEASED BROTHERS & SISTERS | NAME | ADDRESS OR, IF NOT LIVING, DATE OF DEATH | CHILD OF |
|--|-------|--|----------|
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

11. The states of Texas, California, New Mexico and Louisiana are community property states. If decedent owned property in any or all, please state if such was community or separate property; or if such was held in Life Estate. Not Applicable
 Community Separate Life Estate

12. Have all Federal Estate and State Inheritance taxes owing by decedent's estate been paid? If so, indicate offices to which taxes paid or furnish tax certificates: _____

13. 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. (Please circle)

14. 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: _____ Signature: _____
NOTARY PUBLIC

Notary Public resides at: _____

WITNESS: _____

WITNESS: _____