

AFFIDAVIT OF HEIRSHIP

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this _____ day of _____, 20_____, personally appeared _____ (hereinafter "Affiant"), who, after being duly sworn, deposed and stated the following:

I. AFFIANT'S STATEMENT

The Affiant resides at _____ and is of legal age and sound mind. The Affiant states that they have personal knowledge of the family history of _____ (hereinafter "Decedent"), who died on the _____ day of _____, 20_____. The Affiant's relationship to the Decedent is: _____. The Affiant is making this Affidavit of Heirship to formally declare and document the legal heirs of the Decedent, who died without a will, for the purpose of facilitating the transfer of property or assets.

II. DECEDENT INFORMATION

- a. Full Legal Name of Decedent: _____
- b. Date of Death: _____ day of _____, 20_____
- c. Place of Death (City, County, State): _____
- d. Last Known Address: _____
- e. Date of Birth: _____ day of _____, 20_____
- f. Marital Status at Time of Death:
 - Never Married
 - Married
 - Divorced
 - Widowed
- g. If Married at time of death, Spouse's Full Legal Name: _____
- h. Date of Marriage: _____ day of _____, 20_____
- i. If Divorced, Date of Divorce: _____ day of _____, 20_____
- j. Was the Decedent ever married to anyone else? Yes No
If Yes, provide details for each previous marriage:
 1. Spouse's Full Legal Name: _____
Date of Marriage: _____ day of _____, 20_____
 - Date of Divorce or Death of Spouse: _____ day of _____, 20_____

2. Spouse's Full Legal Name: _____

Date of Marriage: _____ day of _____, 20 _____

Date of Divorce or Death of Spouse: _____ day of _____, 20 _____

III. DECEDENT'S CHILDREN

a. Did the Decedent have any children (biological or adopted)? Yes No

b. If Yes, list all children, whether living or deceased, and their full names, dates of birth, and current addresses (or date of death if deceased). If a child is deceased, list their children (Decedent's grandchildren).

1. Child's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

If Deceased, list their children (Decedent's grandchildren):

a. Grandchild's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

b. Grandchild's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

2. Child's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

If Deceased, list their children (Decedent's grandchildren):

a. Grandchild's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

b. Grandchild's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

3. Child's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

If Deceased, list their children (Decedent's grandchildren):

a. Grandchild's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

b. Grandchild's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

IV. DECEDENT'S PARENTS

a. Are the Decedent's parents living? Yes No

b. Father's Full Legal Name: _____

Status: Living Deceased

c. Mother's Full Legal Name: _____

Status: Living Deceased

V. DECEDENT'S SIBLINGS

a. Did the Decedent have any siblings (full or half)? Yes No

b. If Yes, list all siblings, whether living or deceased, and their full names, dates of birth, and current addresses (or date of death if deceased). If a sibling is deceased, list their children (Decedent's nieces/nephews).

1. Sibling's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

If Deceased, list their children (Decedent's nieces/nephews):

a. Niece/Nephew's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

b. Niece/Nephew's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

2. Sibling's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

If Deceased, list their children (Decedent's nieces/nephews):

a. Niece/Nephew's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

b. Niece/Nephew's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Current Address (or Date of Death): _____

Status: Living Deceased

VI. ADDITIONAL HEIRS/INFORMATION

a. Are there any other potential heirs not listed above? Yes No

If Yes, please provide details:

b. Has the Decedent ever adopted any children? Yes No

c. Has the Decedent ever been adopted? Yes No

d. Was the Decedent survived by a domestic partner or civil union partner? Yes No

If Yes, Name: _____

VII. OATH AND VERIFICATION

The Affiant swears that all statements contained in this Affidavit are true and correct to the best of their knowledge, information, and belief. The Affiant understands that this Affidavit will be relied upon by third parties, including but not limited to courts, title companies, and financial institutions, for the purpose of determining the Decedent's legal heirs and facilitating the transfer of property or assets belonging to

the Decedent's estate. The Affiant further states that the Decedent died without leaving a valid will.

VIII. GOVERNING LAW

This Affidavit shall be governed by and construed in accordance with the laws of the State of

IX. SEVERABILITY

If any term or provision of this Affidavit is held to be invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Affidavit or invalidate or render unenforceable such term or provision in any other jurisdiction.

X. ENTIRE AGREEMENT

This Affidavit constitutes the sole and entire agreement of the Affiant with respect to the subject matter contained herein, and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter.

XI. HEADINGS

The headings in this Affidavit are for reference only and do not affect the interpretation of this Affidavit.

XII. COUNTERPARTS

This Affidavit may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement.

XIII. WAIVER

No waiver by any party of any of the provisions hereof shall be effective unless explicitly set forth in writing and signed by the party so waiving. No waiver by any party shall operate or be construed as a waiver in respect of any failure, breach, or default not expressly identified by such written waiver, whether of a similar or different character, and whether occurring before or after that waiver. No failure to exercise, or delay in exercising, any right, remedy, power, or privilege arising from this Affidavit shall operate or be construed as a waiver thereof; nor shall any single or partial exercise of any right, remedy, power, or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power, or privilege.

XIV. SUCCESSORS AND ASSIGNS

This Affidavit shall be binding upon and inure to the benefit of the Affiant and their respective heirs, executors, administrators, successors, and permitted assigns.

IN WITNESS WHEREOF, the Affiant has executed this Affidavit on the date first written above.

AFFIANT

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

WITNESSES

We, the undersigned, being of legal age and sound mind, and not being heirs of the Decedent or having any interest in the Decedent's estate, hereby swear that we are personally acquainted with the Affiant and the Decedent's family history, and that the facts stated in this Affidavit are true and correct to the best of our knowledge.

WITNESS 1

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

WITNESS 2

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

NOTARY PUBLIC ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20_____, before me, a Notary Public, personally appeared _____ (Affiant's Name), known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

Signature of Notary Public: _____

Print Name of Notary Public: _____

My Commission Expires: _____ day of _____, 20_____