

**AFFIDAVIT OF HEIRSHIP OF**  
 \_\_\_\_\_ **(Deceased)**

STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, a resident of \_\_\_\_\_, of lawful age, being first duly sworn, states:

1. That the statements hereinafter set forth, including answers to questions, constitute a true and 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: \_\_\_\_\_ Date of death: \_\_\_\_\_
3. Decedent was the owner of the following described land, situated in \_\_\_\_\_ County, State of \_\_\_\_\_, to wit: (provide legal description)

| Section | Township | Range | Spot/Quarter | Other |
|---------|----------|-------|--------------|-------|
|         |          |       |              |       |
|         |          |       |              |       |
|         |          |       |              |       |
|         |          |       |              |       |
|         |          |       |              |       |
|         |          |       |              |       |
|         |          |       |              |       |
|         |          |       |              |       |

4. When did the decedent acquire the land described above? \_\_\_\_\_
5. How did the decedent acquire the property (Inherited, Purchased or Gifted)? \_\_\_\_\_
6. Were you acquainted with the decedent? \_\_\_\_\_
7. How long did you know the decedent? \_\_\_\_\_
8. Were you related by blood or marriage? \_\_\_\_\_ If yes, what was that relationship? \_\_\_\_\_
9. Did the decedent leave any will, within your knowledge? \_\_\_\_\_
10. Was there any administration upon the decedent's estate, within your knowledge? \_\_\_\_\_ If so, give the location (County/State) and current status of the administration \_\_\_\_\_
11. Has an executor or administrator been appointed to the estate of the decedent? \_\_\_\_\_ If so, give his/her name and address. \_\_\_\_\_
12. Does the estate of the decedent currently owe any debts to any person, business or government entity, including any state or federal taxes? \_\_\_\_\_ If so, describe all debts owed, including taxes, of the estate \_\_\_\_\_

THIS DOCUMENT MUST BE RECORDED IN THE COUNTY WHERE PROPERTY IS LOCATED

13. At the time of death, was the decedent married? \_\_\_\_\_ If so, what was the surviving spouse's name and address? \_\_\_\_\_

14. If the decedent was married at the time of death, were the decedent and spouse bound by an antenuptial marriage contract ("prenup agreement"), within your knowledge? \_\_\_\_\_

15. If the decedent was married one or more times, complete the following information for each marriage:

| Name of Spouse | Date of Marriage | Living/Deceased | Divorced | Date of Death or Divorce | Was there a property settlement? If "yes" – attach a copy. |
|----------------|------------------|-----------------|----------|--------------------------|--|
|                |                  |                 |          |                          |  |
|                |                  |                 |          |                          |  |
|                |                  |                 |          |                          |  |
|                |                  |                 |          |                          |  |

16. If the decedent had any children by any person, or adopted any children, give the following information:

| Name of Child | Date of Birth | Living/Deceased | Address | Date of Death | By Whom |
|---------------|---------------|-----------------|---------|---------------|---------|
|               |               |                 |         |               |         |
|               |               |                 |         |               |         |
|               |               |                 |         |               |         |
|               |               |                 |         |               |         |
|               |               |                 |         |               |         |
|               |               |                 |         |               |         |
|               |               |                 |         |               |         |

17. If a deceased child left descendants, give the following information:

| Name of Deceased | Name of Child | Date of Birth | Living/Deceased | Address | Date of Death |
|------------------|---------------|---------------|-----------------|---------|---------------|
|                  |               |               |                 |         |               |
|                  |               |               |                 |         |               |
|                  |               |               |                 |         |               |
|                  |               |               |                 |         |               |
|                  |               |               |                 |         |               |
|                  |               |               |                 |         |               |
|                  |               |               |                 |         |               |
|                  |               |               |                 |         |               |
|                  |               |               |                 |         |               |

18. If the decedent left no children or descendants of deceased children, then please furnish the following information:

a. Give the names of the parents of the decedent

| Name    | Address | Living/Deceased | Date of Death |
|---------|---------|-----------------|---------------|
| Father: |         |                 |               |
| Mother: |         |                 |               |

b. Give the names of the brothers and sisters of the decedent:

| Name | Address | Living/Deceased | Date of Death |
|------|---------|-----------------|---------------|
|      |         |                 |               |
|      |         |                 |               |
|      |         |                 |               |

THIS DOCUMENT MUST BE RECORDED IN THE COUNTY WHERE PROPERTY IS LOCATED

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

c. Give the names of the children of a deceased brother or sister

| Name | Address | Living/Deceased | Date of Death |
|------|---------|-----------------|---------------|
|      |         |                 |               |
|      |         |                 |               |
|      |         |                 |               |
|      |         |                 |               |

**I affirm and declare under penalty of perjury that the facts I state in this affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.**

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Address

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires: \_\_\_\_\_

My Commission No.: \_\_\_\_\_

\_\_\_\_\_  
Notary Public