

Affidavit of Heirship

Date: _____ Decedent: _____
 Affiant Name: _____ Relation to Decedent: _____
 From: _____ To: _____
 Residence: _____
 Decedent ☐ Has Left a Will ☐ Has Not Left a Will

Decedent Information

Decedent (Day): _____ Month: _____ Year: _____
 Place Died City: _____ County: _____ State: _____
 Residence at Death: _____

Decedent Spouse(s)

Name	Date	Place	Status	Date of Death	Place of Death

Living Decedent Child(ren)

Name	Date of Birth	Place of Birth	Other Parent	Current Address

Deceased Decedent Child(ren)

Name	Date of Birth	Place of Birth	Other Parent	Date of Death

Decedent Parents

Name	Current Address	Date of Death

Decedent Sibling(s)

Name	Current Address	Date of Death

The affiant swears and deposes under oath that the aforementioned information is true and factual to the best of his/her knowledge.

Subscribed and sworn to before me this _____ day of _____ 20____
 _____, Notary Public _____ County.