

Affidavit of Heirship

Please type or print clearly in black ink.

■ **Contact Us** – toll free: 1-888-275-5737 • phone: 785-296-6166 • fax: 785-296-6638
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State of _____)
County of _____)

I, (affiant's name) _____, of lawful age, do solemnly swear that on (month/day/year) _____, _____,
(decedent's name) _____, (social security number) _____ died in
(city, state) _____ and that I have personal knowledge of these facts.

List individuals in the following order: (1) surviving spouse; (2) surviving dependent children; (3) surviving dependent parents;
(4) surviving non-dependent children; (5) surviving non-dependent parents. If additional space is needed, attach a separate
piece of paper to this form and check box at right:

I swear that the decedent is survived by the following individuals:

- | | |
|------------------------|---|
| 1. Name: _____ | Social Security Number: _____ - _____ - _____ |
| Relationship: _____ | Date of Birth: _____ / _____ / _____ |
| Mailing Address: _____ | City, State, Zip: _____ |
| 2. Name: _____ | Social Security Number: _____ - _____ - _____ |
| Relationship: _____ | Date of Birth: _____ / _____ / _____ |
| Mailing Address: _____ | City, State, Zip: _____ |
| 3. Name: _____ | Social Security Number: _____ - _____ - _____ |
| Relationship: _____ | Date of Birth: _____ / _____ / _____ |
| Mailing Address: _____ | City, State, Zip: _____ |
| 4. Name: _____ | Social Security Number: _____ - _____ - _____ |
| Relationship: _____ | Date of Birth: _____ / _____ / _____ |
| Mailing Address: _____ | City, State, Zip: _____ |

If the decedent is not survived by any spouse, children or parents, check and complete the appropriate statement below.

I swear that:

- The decedent's estate is being or has been probated in _____ County in the State of _____.
- The decedent does not have an estate.

If the decedent is not survived by any spouse, children or parents, and does not have an estate, check the statement below
and list all of the member's surviving relatives in the space provided above.

I swear that:

- The decedent is not survived by any spouse, children or parents, does not have an estate, and the decedent's only surviving relatives are the individuals listed above.

I swear that all of the above is true. I further agree to indemnify and hold harmless the Kansas Public Employees Retirement System (KPERS) from any loss which may occur as a result of demands by other heirs-at-law.

Affiant's Signature: _____ Telephone Number: (____) _____
Relationship to Decedent: _____

Notary: Subscribed and sworn to before me this _____ day of (month/year) _____.

Notary Signature: _____ My commission expires (month/day/year): _____ / _____ / _____.

(SEAL)