

MASSACHUSETTS AFFIDAVIT OF HEIRSHIP

(Decedent)

STATE OF MASSACHUSETTS

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, hereinafter referred to as "Affiant," who is personally known to me (or, if not being personally known to me, did confirm his/her identity presenting _____ as identification [i.e. drivers license]), and appearing to be fully competent and of sufficient age, upon being duly sworn, stated upon Affiant's oath the following:

1. My name is _____ (name of Affiant), and I live at _____ (address of Affiant's residence). I am personally familiar with the family and marital history of _____ (Decedent), and I have personal knowledge of the facts stated in this affidavit.
2. I knew Decedent from _____ (date) until _____ (date). I was personally well acquainted with the Decedent during his/her lifetime.
3. The Decedent died on _____ (date of death) at the following place of death: _____ (City), _____ (County), _____ (State). At the time of Decedent's death, Decedent's residence was _____ (Street), _____ (City), Massachusetts, _____ (Zip).
4. I was well acquainted with the family and near relatives of the Decedent, and with all those who would, under the laws of the State of Massachusetts, be his/her heirs. The following statements and the information contained herein, including my answers to questions below, are based upon my personal knowledge and are true and correct.

QUESTION 1: Did the Decedent leave a will?

YES _____ NO _____ IF YES, please attach copy of same hereto.

QUESTION 2: If the Decedent left a will, has the will been admitted to probate?

YES _____ NO _____ IF YES, at what place and when?

_____ County, Massachusetts, _____ Case Number.

QUESTION 3: Give the name and address of the surviving widow or widower of the Decedent.

NAME	ADDRESS

QUESTION 4: If the Decedent was married more than once, give the name(s) of the former spouse(s) and other information.

NAME	DATE OF MARRIAGE	STATUS (Dead or divorced)	ADDRESS OR DATE OF DEATH

QUESTION 5: Give the names and places of residence of all surviving children of deceased, together with the other information called for:

NAME OF CHILD	DATE OF BIRTH	ADDRESS	BY WHICH SPOUSE

QUESTION 6: Give the name of any deceased children of the Decedent, together with the other information called for:

NAME OF CHILD	DATE OF BIRTH	DATE OF DEATH	SPOUSE'S NAME	DATE OF DEATH OF SPOUSE

QUESTION 7: Give the names and addresses of the children of any deceased son or daughter of the Decedent.

NAME OF CHILD	ADDRESS	DATE OF BIRTH	DATE OF DEATH IF DECEASED	NAME OF FATHER OR MOTHER

QUESTION 8: Did the Decedent have any adopted children or step-children taken into his/her home?

YES _____ NO _____ If yes, provide their names and other information.

NAME	ADDRESS	DATE OF BIRTH	DATE OF ADOPTION

QUESTION 9: If the Decedent left no children or grandchildren, then give the names and addresses of the Decedent's surviving father, mother, and all brothers and sisters.

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS OR DATE OF DEATH

QUESTION 10: If the Decedent left no children, grandchildren, spouse, mother, father, brother, or sister, state all other known surviving relatives, including grandparents, aunts, uncles, nieces and nephews.

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS

QUESTION 11: What is your relationship to the Decedent?

QUESTION 12: How long have you known the Decedent?

Signature of Affiant

STATE OF MASSACHUSETTS

COUNTY OF _____

_____, of lawful age, being first duly sworn, upon his/her oath states that the information given in the above and foregoing affidavit is true to the personal knowledge of this Affiant.

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

Notary Public

My Commission Expires: _____