

AFFIDAVIT OF HEIRSHIP

(Decedent)

STATE OF NEW JERSEY

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), New Jersey, _____ (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 New Jersey, 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, New Jersey, _____ 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 NEW JERSEY

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: _____