

AFFIDAVIT OF DEATH AND HEIRSHIP

STATE OF _____ δ
COUNTY OF _____ δ

Before me, the undersigned authority, on this day personally appeared _____, affiant, and on _____ oath says that j g h j g is over 21 years of age and is not incapacitated in any way, and that the statements hereinafter set forth, including answers to questions propounded, constitute a true, correct and complete statement of the family history of the persons hereinafter named as "decedent" and of the estate of such decedent.

1. Name of decedent _____

2. Date decedent died _____ Where? _____

3. Did decedent leave a will? _____ If so, has it been probated? _____

4. Has any administration proceeding been had on decedent's estate? _____

5. If so, when? _____ Where? _____

6. Were there any unpaid debts or obligations due by decedent at the time of his/her death? _____

7. If so, give the following information:

Table with 4 columns: To Whom Owning, Amount, Nature of Debt, Paid or Unpaid Now

8. Were there any suits pending or any judgments rendered in any Court against decedent at time of death? _____

9. If so, state briefly the nature, amount involved, and parties to the action.

10. Was decedent married or single at the time of death? _____

11. If married, to whom? _____ Date of marriage _____

12. Was decedent ever married to any other than the above mentioned person? _____

13. If so, give the following information: (List names in order of marriage)

Table with 5 columns: Name of Spouse, Date of Marriage, Living or Dead, Divorced, Date of Death or Divorce

14. If decedent had any children by any spouse named above, give the following information:

Table with 6 columns: Name of Child, Date of Birth, Address, Living or Dead, Date of Death, By Which Spouse

15. Did decedent ever adopt any children? _____

16. If so, give date of adoption and also the same information as called for above: _____

17. Was decedent the parent of any illegitimate children? _____

18. If so, give the information as called for above: _____

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

Name of Child	Date of Birth	Address	Living or Dead	Date of Death
Name of Deceased Child				

Name of Deceased Child _____

20.*Name of Parents	Address	Living or Dead	Date of Death
Mother			
Father			

21.*Names of brothers and sisters of decedent:

Name	Relationship	Address	Living or Dead	Date of Death

Briefly state facts and circumstances (such as being an old friend, relative, attorney or agent for decedent) which will show basis and source of the information which has been hereinabove give.

STATE OF _____ δ
COUNT (PARISH) OF _____ δ

_____, of lawful age, being first duly sworn, on oath states: that this
(Name of Affiant)

affiant was well and personally acquainted with _____ in _____ lifetime; that
(Decedent)

this affiant has read the foregoing Proof of Death and Heirship, knows the contents hereof, and that each and every statement contained therein is true.

(Affiant)

SUBSCRIBED AND SWORN TO BEFORE ME by the said _____

THIS _____ day of _____, 20____.

My commission expires:

Notary Public in and for

*If additional space is required, use reverse side of this sheet.