

**CALIFORNIA PROOF OF DEATH AND HEIRSHIP**

STATE \_\_\_\_\_

COUNTY \_\_\_\_\_

*This Affidavit must be completed by a **disinterested** third-party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if either probate or ancillary probate has been conducted in the state where the property is located, or if there has been some other type of court determination in this state. This Affidavit must be recorded in the county in which the property to be transferred is located. If any section requires additional space, please attach a separate sheet of paper.*

I, \_\_\_\_\_, being of lawful age and duly sworn, state:

1. That the statements hereinafter set forth, including answers to questions, constitute a true, correct, and complete statement of the family history of the person hereinafter named as "decedent" and of the estate of such decedent.
2. Name of decedent: \_\_\_\_\_
3. Date of death \_\_\_\_\_ 4. Was decedent married or single? \_\_\_\_\_
5. If decedent was married one of more times, give the following information (list names in order of marriage):  Not Applicable

NAME OF SPOUSE	DECEASED? (IF YES, DATE)	DIVORCED (IF YES, DATE)	PLACE OF DEATH OR DIVORCE (CITY, COUNTY AND STATE)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. If decedent had any children by any spouse, give the following information:  Not Applicable

NAME OF CHILD	ADDRESS	AGE	CHILD'S MOTHER/FATHER (other than decedent)	DECEASED? (If yes, date)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

7. If decedent had any children by adoption, give the following information:  Not Applicable

NAME OF CHILD	ADDRESS	AGE	DECEASED? (If yes, date)
_____	_____	_____	_____
_____	_____	_____	_____

8. If any of the above named children have died, please list their children, both natural and adopted.  Not Applicable

NAME OF CHILD	ADDRESS	AGE	DECEASED? (If yes, date)
_____	_____	_____	_____
_____	_____	_____	_____

9. If the decedent left no surviving children or children of deceased children, give the following information:  Not Applicable

NAME	ADDRESS	AGE	DECEASED? (If yes, date)
FATHER: _____	_____	_____	_____
MOTHER: _____	_____	_____	_____
BROTHERS/ SISTERS: _____	_____	_____	_____

10. California is a community property state. Please state if such was community or separate property, or if such was held in life estate.

Community     Separate     Life estate     Not Applicable

Further affiant saith not.

Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary public residing at: \_\_\_\_\_