## Connecticut Affidavit of Heirship

AFFIDAVIT OF HEIRSHIP OF				
State of Connecticut)				
butte of connecticut,				
County of) <sup>ss.</sup>				
, of lawful age, being				
first duly sworn, upon his/her oath deposes and says:				
That he/she was personally well acquainted with (hereinafter referred to				
as decedent) during his/her lifetime, having known him/her				
for years, and that affiant bears the following relationship to said decedent, towit:				
Affiant further states that the said decedent departed this life at, in the County of, State of Connecticut on or about, 20 (attach copy of death certificate).				
Affiant further states that he/she was acquainted with the family and relatives of the said decedent, and the value and nature of the property owned by the decedent, and the value and nature of the property owned by the decedent at the time of his/her death. The following statements and answers to the following questions are based upon the personal knowledge of affiant and are true and correct:				
1. (a) Was an estate ever opened for said decedent in a court of law?				
(b) If so, when, where and what was the case number?				
2. Did the decedent leave a will? (attach copy, if any)				

	Give the name of any spouse of the decedent who lived ger than the decedent:			
	Give the approximate date that any surviving spouse er died:			
5.	List the names of all children of the decedent. Include all children by any marriage, illegitimate children and adopted children. Also address.			
6. who	(a) Give the names of any children listed at 5 (above) died before the decedent:			
	Name/Address Date of Death			
list	(b) Give the names of the children of any children ced at 6 (a):  Date of Death  Name if now deceased Parents			

7. If there were no descendants (children, grandchildren, etc.) of the decedent living at the time of his/her death, then list the names of the father, mother, brothers and sisters of the decedent, and, if applicable, the dates of their deaths.

Date of Death if now deceased	Name	Relationship		
	<u> </u>			
Affiant further including the funeral medical bills, have be all property owned by death did not exceed	states that all debts and burial expenses een paid in full, and the decedent at the	and any final I that the value of		
Signature of Affiant		<del> </del>		
Address of Affiant		<del></del>		
Telephone (Days) (Evenings)				
Subscribed and sworn to before me this day of, 20				
Notary Public				
Note: Please attach a copy of the death certificate of the decedent and a copy of his/her will, if any.				
Prepared by:				
Return to:				