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| <p><b>Prepared by:</b></p><br><br><br><br><p><b>If recorded, return to:</b></p> | <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>)</p> <p>-----above this line for official use only-----</p> |
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**HEIRSHIP AFFIDAVIT**

(Heirship of \_\_\_\_\_ Deceased)

STATE OF FLORIDA            )  
 COUNTY OF \_\_\_\_\_ )

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

**QUESTION 1** - Did the decedent leave a will? **ANSWER:** YES/NO

**QUESTION 2** - If the decedent left a will, has the will been admitted to probate?

**ANSWER:** YES/NO/NA. If YES, at what place, and when?

**ANSWER:** \_\_\_\_\_ COUNTY, Florida, \_\_\_\_\_ CAUSE NUMBER  
 \_\_\_\_\_ DATE

**QUESTION 3** - If the decedent left no will, has an administrator or personal representative been appointed for the estate of said deceased? **ANSWER:** YES/NO

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**QUESTION 4** - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative.

**ANSWER:**

| COUNTY       | NAME | ADDRESS |
|--------------|------|---------|
| CAUSE NUMBER |      |         |

**QUESTION 5** - Give the name and address of the surviving widow or widower of decedent.

**ANSWER:**

| NAME | ADDRESS | If not now living, state date of death: |
|------|---------|---|
|      |         |   |

**QUESTION 6** - If the decedent was married more than once, give the name(s) of the former husband or wife, and state whether said former spouse is dead or divorced.

**ANSWER:**

| NAME | STATUS (Dead or Divorced) |
|------|---------------------------|
|      |                           |
|      |                           |

**QUESTION 7** - Give the names and places of residence of all the surviving children of deceased, together with the other information called for:

**ANSWER:** (Give names of surviving children only)

| NAME OF CHILD | ADDRESS | DATE OF BIRTH | IF NOT LIVING DATE OF DEATH | HUSBAND OR WIFE NAME |
|---------------|---------|---------------|-----------------------------|----------------------|
|               |         |               |                             |                      |
|               |         |               |                             |                      |
|               |         |               |                             |                      |
|               |         |               |                             |                      |

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**QUESTION 8** - Give the name and address of any deceased children of the decedent, together with the other information called for:

**ANSWER:**

| NAME OF CHILD | DATE OF BIRTH | DATE OF DEATH | SURVIVING HUSBAND OR WIFE NAME | DATE OF DEATH OF SPOUSE, IF APPLICABLE |
|---------------|---------------|---------------|--------------------------------|--|
|               |               |               |                                |  |
|               |               |               |                                |  |
|               |               |               |                                |  |

**QUESTION 9** - Give the names and addresses of the children of any deceased son or daughter of the decedent:

**ANSWER:**

| NAME OF CHILD | ADDRESS OF IF NOT LIVING DATE OF DEATH | DATE OF BIRTH | NAME OF FATHER OR MOTHER |
|---------------|--|---------------|--------------------------|
|               |  |               |                          |
|               |  |               |                          |
|               |  |               |                          |
|               |  |               |                          |
|               |  |               |                          |

**QUESTION 10** - Did the decedent have any adopted children, or step-children taken into his home?

**ANSWER:** YES/NO. If yes, provide their names, ages and addresses below:

| NAME | ADDRESS | AGE |
|------|---------|-----|
|      |         |     |
|      |         |     |
|      |         |     |



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**QUESTION 14:** Did the decedent own any real estate in this State:

**ANSWER:** YES/NO

If yes, list

Address or short description : \_\_\_\_\_

County: \_\_\_\_\_

Address or short description : \_\_\_\_\_

County: \_\_\_\_\_

Address or short description : \_\_\_\_\_

County: \_\_\_\_\_

Address or short description : \_\_\_\_\_

County: \_\_\_\_\_

Address or short description : \_\_\_\_\_

County: \_\_\_\_\_

**QUESTION 15:** What is your relationship to the deceased?

**ANSWER:**

DATED THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

SWORN TO AND SUBSCRIBED before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_