

Heirship Affidavit

Prepared by:)
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If recorded, return to:)
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	-----above this line for official use only-----

HEIRSHIP AFFIDAVIT

(Heirship of _____ Deceased)

STATE OF HAWAII)
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), Hawaii, _____ (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 Hawaii, 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, Hawaii, _____ 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 _____, 2000.

NOTARY PUBLIC

My Commission Expires: _____