

**MAINE AFFIDAVIT OF HEIRSHIP**

\_\_\_\_\_  
(Decedent)

STATE OF MAINE

COUNTY OF \_\_\_\_\_

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

**QUESTION 1:** Did the Decedent leave a will?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, please attach copy of same hereto.

**QUESTION 2:** If the Decedent left a will, has the will been admitted to probate?

YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, at what place and when?

\_\_\_\_\_ County, Maine, \_\_\_\_\_ Case Number.

**QUESTION 3:** Give the name and address of the surviving widow or widower of the Decedent.

NAME	ADDRESS

**QUESTION 4:** If the Decedent was married more than once, give the name(s) of the former spouse(s) and other information.

<b>NAME</b>	<b>DATE OF MARRIAGE</b>	<b>STATUS (Dead or divorced)</b>	<b>ADDRESS OR DATE OF DEATH</b>

**QUESTION 5:** Give the names and places of residence of all surviving children of deceased, together with the other information called for:

<b>NAME OF CHILD</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS</b>	<b>BY WHICH SPOUSE</b>

**QUESTION 6:** Give the name of any deceased children of the Decedent, together with the other information called for:

<b>NAME OF CHILD</b>	<b>DATE OF BIRTH</b>	<b>DATE OF DEATH</b>	<b>SPOUSE'S NAME</b>	<b>DATE OF DEATH OF SPOUSE</b>

**QUESTION 7:** Give the names and addresses of the children of any deceased son or daughter of the Decedent.

<b>NAME OF CHILD</b>	<b>ADDRESS</b>	<b>DATE OF BIRTH</b>	<b>DATE OF DEATH IF DECEASED</b>	<b>NAME OF FATHER OR MOTHER</b>

**QUESTION 8:** Did the Decedent have any adopted children or step-children taken into his/her home?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, provide their names and other information.

<b>NAME</b>	<b>ADDRESS</b>	<b>DATE OF BIRTH</b>	<b>DATE OF ADOPTION</b>

**QUESTION 9:** If the Decedent left no children or grandchildren, then give the names and addresses of the Decedent's surviving father, mother, and all brothers and sisters.

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>DATE OF BIRTH</b>	<b>ADDRESS OR DATE OF DEATH</b>

**QUESTION 10:** If the Decedent left no children, grandchildren, spouse, mother, father, brother, or sister, state all other known surviving relatives, including grandparents, aunts, uncles, nieces and nephews.

NAME	RELATIONSHIP	DATE OF BIRTH	ADDRESS

**QUESTION 11:** What is your relationship to the Decedent?

\_\_\_\_\_

**QUESTION 12:** How long have you known the Decedent?

\_\_\_\_\_

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

**STATE OF MAINE**

**COUNTY OF** \_\_\_\_\_

\_\_\_\_\_, of lawful age, being first duly sworn, upon his/her oath states that the information given in the above and foregoing affidavit is true to the personal knowledge of this Affiant.

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

\_\_\_\_\_  
Notary Public

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