

Mississippi Affidavit of Heirship

This Affidavit of Heirship must be filed in the County Clerk's record

This Affidavit of Heirship must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of:

Before me, the undersigned authority, on this day personally appeared:

("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: _____.

I live at: _____

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 the decedent from _____ until _____ Decedent died on _____.

Decedent's place of death:

_____ CITY, STATE, COUNTY

At the time of decedent's death, decedent's residence was:

_____ CITY, STATE, COUNTY

3. Provide the following information on the deceased's marital history:

(If never married, please state that below.)

NAME OF SPOUSE / DATE OF MARRIAGE / DATE OF DIVORCE / DATE OF SPOUSE'S DEATH

4. Provide the following information on the deceased's natural born and adopted children:
(If there are none, please state that below. If additional space is needed, please provide
information as an attachment.)

NAME OF CHILD / ADDRESS / DATE OF BIRTH / NAME OF CHILD'S OTHER
PARENT / DATE OF CHILD'S DEATH

5. Provide the following information on the deceased's grandchildren, born only to the
deceased children in Item 4, above: (If there are none, please state that below.)

NAME OF CHILD / ADDRESS / DATE OF BIRTH / NAME OF GRANDCHILD'S
DECEASED PARENT

6. If the decedent never married and did not have any children, provide the following
information on the deceased's parents:

DECEASED'S PARENT'S NAMES / PARENT'S CURRENT ADDRESS / PARENT'S
DATE OF DEATH

7. Provide the following information on the deceased's brothers and/or sisters: (If there are
none, please state that below.)

NAME OF BROTHER'S OR SISTER'S / CURRENT ADDRESS / DATE OF BIRTH /
BROTHER'S OR SISTER'S DATE OF DEATH

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above: (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECES OR NEPHEWS / CURRENT ADDRESS / DATE OF BIRTH /
NIECES OR NEPHEWS DECEASED PARENT

Signed this ____ day of _____, _____.

(SIGNATURE OF AFFIANT)

State of _____

County of _____

Sworn to and subscribed to before me

on _____

(DATE)

by

(NAME OF AFFIANT)

(NOTARY SIGNATURE)

(Notary Seal)

My commission expires: ____ day of _____, _____.