

Heirship Affidavit

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

### HEIRSHIP AFFIDAVIT

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

STATE OF NEBRASKA             )  
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), Nebraska, \_\_\_\_\_ (Zip). (insert address of decedent's residence).
4. The value of the decedent's entire estate, wherever located, less liens and encumbrances, does not exceed \$50,000.
5. Thirty (30) days have elapsed since the death of the decedent. (A certified death certificate accompanies this Affidavit.)
6. No application of petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
7. 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 Nebraska, 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**

Heirship Affidavit

**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, Nebraska , \_\_\_\_\_ 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

**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

Heirship Affidavit


**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

Heirship Affidavit


**QUESTION 11** - Did the decedent have any unpaid debts? **ANSWER:** YES/NO.  
 If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

**ANSWER:**

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID

**QUESTION 12** - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

**ANSWER:**

NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF DEATH

**QUESTION 13** - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:

**ANSWER:**

NAME	RELATIONSHIP	AGE	ADDRESS

Heirship Affidavit

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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: \_\_\_\_\_