

IN THE MATTER OF THE ESTATE OF

Amended

**Proof of Heirship**

Informal Administration

Formal Administration

Case No. \_\_\_\_\_

**UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:**

1. What is your name, mailing address and relationship to the decedent?

Name	Mailing Address	Relationship

2. Was the decedent survived by a spouse or domestic partner?

Yes  No

If YES, give name: \_\_\_\_\_

3. A. Did the decedent have any children? (Living or deceased; natural or adopted.)

Yes  No

If YES, list all names. (If deceased, indicate date of death.)

See attached

Name of Decedent's Children	If Deceased, Date of Death

B. For each deceased child listed in 3A., list his or her name and the names of his or her children (Living or deceased; natural or adopted). If any of his or her children are deceased, indicate the date of death of that child and the names of his or her descendants. (Living or deceased; natural or adopted.)

See attached

Name of Deceased Child in (3A)	Name of Deceased Child's Child(ren)	Date of Death

4. If there is a surviving spouse or domestic partner, are all of the decedent's children listed in 3A., also the children of the surviving spouse or domestic partner?

Yes  No

If NO, give details: \_\_\_\_\_

**Instructions:**

Are there living persons listed in answers to questions 2. through 4.?

- If Yes, skip to question 8.
- If No, continue with question 5.

5. Did the decedent leave surviving parents?

Yes  No

If YES, list names.

Name

6. A. If no surviving parent, did the decedent have brothers or sisters? (Living or deceased; whole blood, half blood, adopted)  No  Yes

If YES, list all names. (If deceased, indicate date of death.)

Name of Decedent's Brothers or Sisters	If Deceased, Date of Death

B. For each deceased brother or sister listed in 6A., list his or her name and the names of his or her children (Living or deceased; natural or adopted). If any of his or her children is deceased, indicate the date of death of that child and the names of his or her descendants. (Living or deceased; natural or adopted)  See attached

Name of Deceased Brother or Sister in (6A)	Date of Death	Name of Deceased Brother's or Sister's Children

7. If there are **no living persons** listed in questions 2. through 6B., list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named.  See attached


MATERNAL (Mother)	PATERNAL (Father)
Grandfather:	Grandfather:
Grandmother:	Grandmother:
Descendants:	Descendants:

8. Did any of the persons named in 2. through 7. die within 120 hours (5 days) after the death of the decedent?  No  Yes

If YES, list name(s), date of death and descendant(s).

Name	Date of Death	Descendant(s)

State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 Subscribed and sworn to before me on \_\_\_\_\_

 \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Notary Public/Court Official

\_\_\_\_\_  
 Name Printed or Typed

\_\_\_\_\_  
 Name Printed or Typed

\_\_\_\_\_  
 Telephone Number

My commission/term expires: \_\_\_\_\_

\_\_\_\_\_  
 Date

Form completed by: (Name)	
Address	
Telephone Number	Bar Number (If any)