

# AFFIDAVIT OF DEATH AND HEIRSHIP

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S OFFICE

STATE OF \_\_\_\_\_ }

COUNTY OF \_\_\_\_\_ } SS:

INFORMATION CONCERNING: \_\_\_\_\_

I, \_\_\_\_\_ (affiant), whose address is: \_\_\_\_\_

of lawful age, being first duly sworn according to law, on oath says:

That the statements hereinafter set forth, including answers to questions propounded, constitute a true, correct and complete statement of the family history of the person hereinafter named as "decedent: and of the estate of such decedent.

1. Name of Decedent \_\_\_\_\_
2. How long did you know the Decedent? \_\_\_\_\_
3. What was your relationship to the Decedent? \_\_\_\_\_
4. Date decedent died: \_\_\_\_\_  
Where? \_\_\_\_\_
5. Did decedent leave a will? \_\_\_\_\_ If Decedent left a will, attach a copy hereto.
6. Have probate proceedings commenced? \_\_\_\_\_ If so, complete the following to the best of your knowledge:  
Proceedings were commenced in: \_\_\_\_\_ County, State of \_\_\_\_\_  
Name and address of Executor or Administrator: \_\_\_\_\_
7. Were there any unpaid debts or obligations due by decedent at the time of death? \_\_\_\_\_  
If so, give the following information:

| To Whom Owing | Amount | Nature of Debt | Paid - Unpaid now |
|---------------|--------|----------------|-------------------|
|               |        |                |                   |
|               |        |                |                   |

This affidavit 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.

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 that:

1. My name is

\_\_\_\_\_

My current address is

\_\_\_\_\_

I am personally familiar with the family and marital history of

\_\_\_\_\_ (deceased) and I

have personal knowledge of the facts stated in this affidavit.

2. I knew the decedent from \_\_\_\_\_ until \_\_\_\_\_.

Decedent died on \_\_\_\_\_.

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

\_\_\_\_\_

CITY

STATE

COUNTY

Decedent's place of death

\_\_\_\_\_

CITY

STATE

COUNTY

3. Provide the following information on 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 | DATE OF BIRTH | NAME OF OTHER PARENT | DATE OF CHILD'S DEATH |
|---------------|---------------|----------------------|-----------------------|
|               |               |                      |                       |
|               |               |                      |                       |
|               |               |                      |                       |

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

| NAME OF GRANDCHILD | 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 decedent's parents.

| DECEASED'S PARENTS | PARENT'S NAME/CURRENT ADDRESS IF LIVING | DATE OF DEATH |
|--------------------|---|---------------|
| MOTHER             |   |               |
| FATHER             |   |               |

7. Provide the legal description to the mineral acreage owned by the deceased located in Grady County, Oklahoma towit:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further affiant sayeth not.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

STATE OF \_\_\_\_\_ }                      **ACKNOWLEDGEMENT**  
 COUNTY OF \_\_\_\_\_ } SS:

Before me, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 personally appeared \_\_\_\_\_ to me  
 known to be the identical person who executed the within and foregoing instrument and  
 acknowledged to me that he/she executed the same as his/her free and voluntary act and  
 deed for the uses and purposes therein set forth.

\_\_\_\_\_

NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_