

PROOF OF DEATH AND HEIRSHIP

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

Reported

Owner Name _____

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 |
|----------------|------------------|-----------------|------------------------|
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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 |
|---------------|---------------|----------------------|-----------------------|
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