AFFIDAVIT OF HEIRSHIP

Note: only some states give an affidavit of heirship special legal effect (for example Texas, Tex. Est. Code § 203.001). In other states, ask the title company, bank or recorder whether they will accept it, or use a small estate affidavit or probate instead.

I, _____ (the "Affiant"), of _____, being first duly sworn, state as follows.

I am the decedent's _____ (relationship), and I knew the decedent for _____. I am personally familiar with the decedent's family and marital history, and I have personal knowledge of the facts stated in this affidavit.

1. PURPOSE OF THIS AFFIDAVIT

I make this affidavit to identify the heirs of the decedent named below and to show who succeeded to the decedent's interest in the property described below. It is intended to be recorded in the real property records of _____ County, State of _____.

2. THE DECEDENT

_____ (the "decedent") died on _____ in _____. At the time of death the decedent resided at _____, in _____ County, State of _____.

3. MARITAL HISTORY

At the time of death the decedent was (check one): [ ] married to _____, who survived the decedent; [ ] widowed, the spouse _____ having died on _____; [ ] divorced and not remarried; [ ] never married.

The decedent's other marriages, with each spouse's name and how and when each ended (write "none" if none):

_____

4. CHILDREN OF THE DECEDENT

The decedent had the following children (name, date of birth, other parent, and current address or date of death and the child's descendants). Write "none" if none.

1. _____

2. _____

3. _____

4. _____

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The decedent had no other children, born or adopted, and raised no other child as the decedent's own, except:

_____

5. PARENTS AND SIBLINGS (COMPLETE ONLY IF NO CHILD OR DESCENDANT SURVIVED)

Mother (name, and address or date of death): _____

Father (name, and address or date of death): _____

Brothers and sisters (name, and address or date of death and their children): _____

6. WILL AND ADMINISTRATION

(Check one): [ ] The decedent died without leaving a will. [ ] The decedent left a will dated _____, which has not been admitted to probate. A copy is attached.

(Check one): [ ] No administration of the decedent's estate has been opened in any court. [ ] Administration was opened as follows: _____

7. DEBTS AND TAXES

Unpaid debts of the decedent (write "none" if none): _____

Unpaid estate or inheritance taxes (write "none" if none): _____

8. PROPERTY OF THE DECEDENT

At the time of death the decedent owned an interest in the following property (for land, the full legal description), located in _____ County, State of _____:

_____

_____

9. HEIRS OF THE DECEDENT

To the best of my knowledge, the decedent's heirs, with their relationship to the decedent, their addresses and their shares, are:

1. _____

2. _____

3. _____

4. _____

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10. OATH

I declare under penalty of perjury under the laws of the State of _____ that the statements in this affidavit are true and correct.

Date signed: _____ City, county and state where signed: _____

SIGNATURES

Affiant

Signature: _____ Date: _____

Printed Name: _____

NOTARY JURAT

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on _____ by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Notary Public: _____ Printed name: _____ My commission expires: _____ (Seal)

STATEMENT OF DISINTERESTED WITNESSES

Each of the undersigned witnesses, being first duly sworn, states: I knew the decedent and the decedent's family. I am not an heir of the decedent and will receive nothing from the decedent's estate. I have read the affidavit above, and the facts it states are true to my personal knowledge.

Witness: _____ Printed name: _____ Address: _____ Knew the decedent for: _____

Witness: _____ Printed name: _____ Address: _____ Knew the decedent for: _____

State of _____ County of _____ Subscribed and sworn to (or affirmed) before me on _____ by the witnesses named above.

Notary Public: _____ Printed name: _____ My commission expires: _____ (Seal)

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