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| For Genesis Use OnlyLease #  Owner # |

 **AFFIDAVIT OF HEIRSHIP**

DECEDENT:

STATE OF:

COUNTY/PARISH:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose address is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as "Affiant," being of lawful age and being duly sworn, upon oath deposes and says that he (she) was well acquainted with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereinafter referred to as "the Decedent," and that the answers and statements given in the following questionnaire are based upon Affiant's personal knowledge and are true and correct:

1. How long did you know the Decedent?  1-3 years  Whole life  Other \_\_\_\_\_\_\_\_\_\_\_

2. How well did you know the Decedent?  Very well  Well  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What was your relationship to the Decedent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Complete the following sentences: The Decedent's home was at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Decedent died at the age of \_\_\_, on \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_.

5. Did the Decedent leave a will?  Yes  No  I do not know

6. Was there any time during the Decedent's life when the Decedent was not of sound mind?

  Yes  No If Yes ,Date(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Have any proceedings been commenced with respect to the Decedent's estate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If so, complete the following sentence to the best of your knowledge: Proceedings were commenced in \_\_\_\_\_\_\_\_\_\_ County, State of \_\_\_\_\_, and the name and address of the executor or administrator is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are there any debts still owing by the Decedent's estate?  Yes  No If Yes, will the size of the estate be sufficient in your opinion to pay such debts? Yes  No

9. At the time of death was the Decedent  Single  Married  Divorced  Widow  Widower. If married, what was the Decedent's surviving husband's or wife's name?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If the Decedent was married at the time of death, what is the surviving husband's or wife's present address or, if deceased, when did such surviving husband or wife die?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. How many times was the Decedent married? None  Once  Twice Other \_\_\_\_\_\_\_\_\_\_

12. How and when did the Decedent become the owner of this interest? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. What was the total number of Decedent's children, both natural and adopted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Complete the following table with respect to **all** children of the Decedent, whether living or dead, natural or adopted:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Natural Child |  |  |  | Child's Other |  | Present Address |
|  |  | Date of Birth |  | Parent |  | or Date of Death\*\*(If deceased also see question #15) |
|  |  |  |  |  |  |  |
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14. Were any of Decedent's children adopted?  Yes  No If Yes, which ones and when.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Adopted Child |  | When |  | Living or |  |  |
|  |  | Adopted |  | Deceased |  | Address |
|  |  |  |  |  |  |  |
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15. If any children listed in Item 13 or 14 are deceased and died as an adult, include a copy of their Death Certificate and complete the following table with respect to all children of every deceased child (if any) of the Decedent:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the |  | Children of |  | Date of |  | Present |
| Decedent's |  | the Deceased |  | Birth |  | Address or |
| Deceased Child |  | Child |  |   |  | Date of Death |
|  |  |  |  |  |  |  |
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16. If the Decedent was not survived by any children or grandchildren, then give below the names and addresses of the Decedent's father, mother, and all brothers and sisters (if any brothers or sisters are deceased, then also list their children under section 16:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Relative |  | Relationship |  | Age |  | Present Address or Date of Death  |
|  |  |  |  |  |  |  |
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17. If the Decedent was not survived by any children, grandchildren, father, mother, brothers or sisters, then give below the names and addresses of the nearest surviving relatives:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | Relationship |  | Age |  | Present Address |
|  |  |  |  |  |  |  |
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Additional Remarks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Affiant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

 Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My commission expires \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

**CORROBORATING AFFIDAVIT**

(To be signed by person other than the one making the foregoing affidavit.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Corroborate’s Signature)

 Subscribed and sworn to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_

 Notary Public Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ County, \_\_\_\_\_\_\_\_\_\_\_\_\_ State

 My commission expires \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_