

THE MUNDHEIM FIRM, PLLC – HEIRSHIP AFFIDAVIT INFORMATION WORKSHEET

e-mail: info@themfirm.com

1. Decedent:

Name - _____
Residence at time of Death - _____
Date of Death - _____ Place of Death - _____
Decedent was was not (check one) a Texas Resident
Date of Birth - _____
Died with/without a Will (check one) - Testate (with Will- attach copy)
 Intestate (without Will)
Subject Property is Decedent's (check one) - Separate Property
 Community Property

2. Marital History:

Number of Times Decedent was married:
 One Two Three Other _____

Name of Spouse Date Married/If Divorced, when & where/If Spouse died first-when & where
#1 _____
#2 _____
#3 _____

3. List all CHILDREN born to Deceased:

Name	Current Residence	Date of Birth	Date of Death (if applicable)	Born in Marriage # (select one)
_____	_____	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N/A
_____	_____	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N/A
_____	_____	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N/A
_____	_____	_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N/A

Decedent did not have or adopt any other children and did not take any child into Decedent's home or raise any other children under circumstances which might constitute adoption, and did not give up any children for adoption, except as listed below:

Name	Current Residence	Date of Birth	Date of Death (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____

DESCENDANTS: If a child of the deceased is deceased, then please complete an additional Worksheet for that child.

4. **If** the Deceased was never married and bore no children, if all children died without descendants, or if all marriages dissolved before decedent's death without children, please complete this Section 4:

Father of Deceased:

Name - _____ Date of Birth - _____
Address or Date of Death - _____

Mother of Deceased:

Name - _____ Date of Birth - _____
Address or Date of Death - _____

If either the father or the mother of Deceased is deceased, please complete the following:

Brothers/Sisters of Deceased:

Name - _____	Date of Birth - _____
Address or Date of Death - _____	
Name - _____	Date of Birth - _____
Address or Date of Death - _____	
Name - _____	Date of Birth - _____
Address or Date of Death - _____	

In some circumstances we may need information regarding descendants of brothers/sisters.

5. Who will be signing the Affidavit?

Name - _____
Address - _____
Length of time knew Decedent – From _____ To _____
Convicted Felon? Yes/No

6. Disinterested Witnesses who will also sign as corroborators (MUST have two):

_____ and _____

7. Debts of Decedent that are unpaid: _____

Are there any Estate or Inheritance taxes due for this estate? yes no
(If unknown, list approximate value of Decedent's assets at death) _____

8. Comments or additional information: _____
