



Heirship Affidavit Form

1. Name of Deceased: _____

Subject Property: _____

Current Residence at time of Death: _____

Date of Death: _____ Place of Death: _____

City, County and State

Date of Birth: _____

Died with/without a Will (check one): [] Testate (Attach the Will) OR [] Intestate (without a Will)

Subject Property is Decedents: [] Community Property OR [] Separate Property

Has there been any probate or administration filed with respect to Decedent's Estate _____

If yes, County & State where filed: _____ Cause No: _____

Are there any outstanding unpaid debts of Decedent's estate, such as funeral, assisted living or nursing care bills, doctor or hospital bills or any other debts? If yes, list all debts.

Creditor: _____ Amount: _____

Was decedent receiving Medicaid benefits for health care services prior to his or her death?

_____ YES _____ NO _____ DON'T KNOW

2. Number of times deceased was married: [] One [] Two [] Three [] _____

Name of Spouse Date of Marriage Date of Divorce Date of Death

#1 _____

#2 _____

#3 _____

3. List all CHILDREN born to the Deceased:

Name of Child Phone # Current Residence (if available) Date of Birth If Deceased Date of Death Name of other Parent

Decedent did not have or adopt any other children and did not take any other children 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: adopted placed for adoption.

Name of Child

Current Residence (if available)

Date of Birth

If Deceased Date of Death

DESCENDANTS [if a child of the deceased is deceased, then please complete an additional "Heirship Affidavit Request"]

4. If the deceased was never married and bore no children, please complete the following:

Father of Deceased

Current Residence (if available)

If Deceased Date of Death

Mother of Deceased

Current Residence (if available)

If Deceased Date of Death

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

Brother/Sister of Deceased

Current Residence (if available)

Date of Birth

6. Name of person(s) who will sign heirship affidavit: _____
Relationship to Decedent _____

From _____ To _____
Time knew Decedent

Current Residence (if available)

Phone Number

7. Disinterested parties (must have two) who will also sign as corroborator:

(1) _____ How acquainted? _____
Address: _____
Phone Number: _____
Time knew Decedent – From _____ To _____

(2) _____ How acquainted? _____
Address: _____
Phone Number: _____
Time knew Decedent – From _____ To _____

8. Comments: _____