INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF HEIRSHIP

- 1. Affidavit should be filled out by a disinterested party (someone who will NOT inherit from the estate), but by someone who has knowledge of the deceased.
- 2. If the deceased has a will, please include a copy with affidavit prior to recording.
- 3. Please attach death certificate prior to recording.
- 4. Record the affidavit, will (if applicable), and death certificate in the county and state where the property is located.

DO NOT RECORD THIS PAGE

Affidavit of Death and Heirship

INFORMATION CONCERNING		(DECEDENT)
	, (AFFIANT) of lawful age and under oa statements herein are true and correct,	
That I was personally well acc	quainted with the decedent for	years and my relationship
with the decedent was that of	f That said	decedent departed this life
in the city of	, County/Parish of	, in the
State of	, on or about	·
Said Decedent owned at the ti	me of his/her death, the land situated in	n
County/Parish, State of	, listed below	:
said decedent, and the follow	she was well acquainted with the fami wing statements and the answers to to wledge of affiant and are true and corre	he following questions are
	_	
	ill? If yes, was the will admi	tted to probate?
If yes, where and when?		
2. Was an administrator or exe	ecutor appointed for the estate?	
If yes, give the name and addr	ress of administrator/executor.	
If yes, have the estate proceed	dings been closed?	

NOTE: IF DECEDENT LEFT A WILL, <u>PLEASE ATTACH A COPY</u>. IF SAID WILL WAS NOT PROBATED IN THE STATE PROPERTY IS LOCATED, THE LAWS OF INTESTATE DESCENT AND DISTRIBUTION WILL APPLY, AND NOT THE TERMS OF THE WILL.

3. List each person to whom the decedent was married during his/her lifetime.

Name of Spouse	Date of Marriage	Date of Divorce or Death	Address if living and/or still married

4. List each child born to the decedent during his/her lifetime, including illegitimate children and legally adopted children. If deceased, give the date of death.

Name of child	Date of Birth	Address if living, date of death if deceased	Other parent

5. List spouse and all children of any <u>deceased son or daughter of the decedent</u>, including illegitimate children and legally adopted children. If there are none, please state that below. State if spouse is living or deceased and DOD if applicable.

Name of child	Date of Birth	Address if living, date of death if deceased	Other parent

NOTE: IF THE DECEDENT LEFT SURVIVING SPOUSE, CHILDREN OR GRANDCHILDREN, DO NOT COMPLETE QUESTION 6 BELOW.

6. If decedent left no surviving spouse or children, give the following information in the following order:

- 1) List parents if living. If parents not living,
- 2) List all brothers and sisters.

(Affix official seal, if applicable)

- 3) If any brother or sister died before decedent, also list his or her children.
- 4) If no parent, brother, or sister survived decedent, list following if any surviving: grandparents, nephews, and nieces; uncles and aunts; cousins; if none of foregoing survived, list nearest of kin surviving.

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Name	Address	Date of Birth	Date of Death / Relationship to decedent
	<u></u>		
Printed Name of Affiant	Signatui	re of Affiant	
	ACKNOWLEDGMENT		
STATE OF			
COUNTY OF			
Personally appeared befo	ore me, the undersigned authority	in and for th	ne said county and state,
on this da	ay of, 20	, within m	y jurisdiction, the within
named	who acknowled	dged that he	/she executed the above
and foregoing instrument	<u>.</u>		
otary Public My Commission Expires		ires	