

Affidavit of Heirship

Date

State/Country

County/Region

I, _____, of

_____, being of legal age and having personal knowledge of the facts stated in this Affidavit, declare under oath that the following statements are true and correct to the best of my knowledge and belief.

1. Purpose

This Affidavit of Heirship is made for the purpose of identifying the lawful heirs of the deceased identified below. It is intended to assist interested persons and organizations in determining the succession of the deceased's estate where appropriate. This Affidavit does not replace probate proceedings where probate is required by applicable law.

2. Information About the Deceased

Full Legal Name:

Date of Birth:

Date of Death:

Place of Death:

Last Residential Address:

The deceased died without leaving a valid will, or no will is known to the Affiant at the time this Affidavit is executed.

3. Affiant Information

Name:

Relationship to the Deceased:

Address:

Telephone:

Email:

The Affiant personally knew the deceased for approximately _____ years and is familiar with the deceased's family history and relationships.

4. Marital History of the Deceased

The deceased's marital history is as follows:

Spouse	Marriage Date	Marriage Ended by	Date Marriage Ended

If the deceased was married more than once, include each marriage in the table above.

5. Children of the Deceased

The deceased had the following biological or legally adopted children:

Full Name	Date of Birth	Living or Deceased	Relationship

If a deceased child left descendants, identify those descendants below.

Descendant	Relationship	Living

6. Other Family Information

To the best of the Affiant's knowledge:

The deceased was survived by the following close relatives, if applicable:

Parents:

Siblings:

Other persons who may have inheritance rights:

The Affiant is not aware of any other individual with a superior or equal claim of heirship who has not been identified in this Affidavit.

7. Family Tree Summary

Family Member	Relationship	Living

8. Estate Information

To the best of the Affiant's knowledge, this Affidavit may relate to the following property or assets belonging to the deceased:

Description of Property or Asset	Location or Account Information
Real Property	
Financial Account	
Other Asset	

9. Statements of Fact

The Affiant states that:

- The information contained in this Affidavit is based upon personal knowledge, family history, conversations with family members, and other reliable information available to the Affiant.
- The Affiant believes the individuals identified in this Affidavit are the lawful heirs of the deceased according to the applicable laws governing inheritance.
- The Affiant understands that any person relying upon this Affidavit may independently verify the information contained herein.

10. Supporting Information

The following documents may accompany this Affidavit, if available:

- Certified copy of the death certificate.
- Marriage certificate(s).
- Divorce decree(s), if applicable.
- Birth certificate(s).
- Adoption records, if applicable.
- Other supporting family records.

11. Reliance

The Affiant understands that this Affidavit may be presented to financial institutions, title companies, government agencies, courts, or other persons for the purpose of establishing family relationships and identifying potential heirs. Any person relying upon this Affidavit should independently determine whether it is sufficient for the intended purpose under applicable law.

12. Amendment

If the Affiant later becomes aware of material information affecting the accuracy of this Affidavit, the Affiant agrees to promptly provide a corrected or supplemental affidavit where appropriate.

13. Declaration

I declare that the statements contained in this Affidavit are true and correct to the best of my knowledge and belief. I understand that knowingly making a false statement in a sworn affidavit may subject me to legal penalties under applicable law.

14. Affiant Signature

Affiant

Name

Date

Signature

Notary Acknowledgment

State/Country:

County/Region:

On this _____ day of _____, 20____, before me personally appeared _____, who proved to me, through satisfactory evidence, to be the person whose name is subscribed to this Affidavit and who affirmed that the statements contained herein are true to the best of their knowledge and belief.

Notary Public Signature:

Printed Name:

Commission Number (if applicable):

My Commission Expires:

Offical Seal



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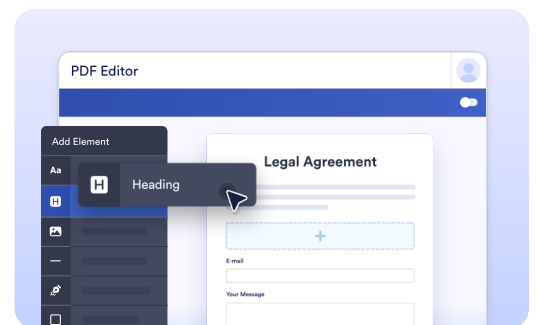
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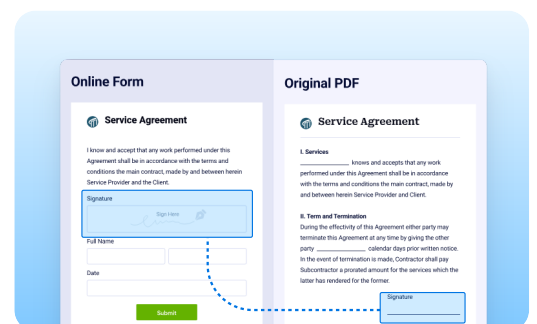
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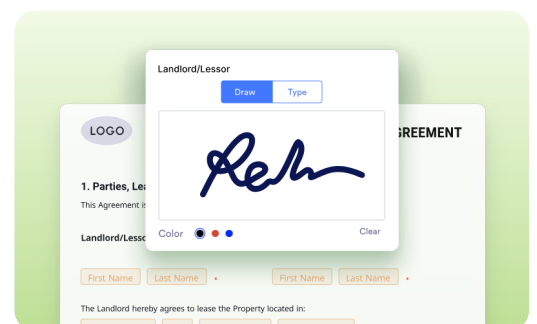
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