

Affidavits of Heirship Intake Form

Date: _____

1. Affiant (Family member): _____
2. Address: _____
3. Phone Number: Home: _____ Cell: _____
Work: _____
4. Relationship to Decedent: _____
5. Name of Decedent: _____
6. Decedent's date of death: _____
7. Decedent's place of death: _____
8. Decedent's residence (address) on date of death: _____

Name of Witness 1: _____

Address: _____

Relationship to Decedent: _____

Knew Decedent from: _____ to _____

Decedent's marital history (Date of marriage, who married, date of divorce or death of spouse) : _____

Name of Witness 2: _____

Address: _____

Relationship to Decedent: _____

Knew Decedent from: _____ to _____

Decedent's marital history (Date of marriage, who married, date of divorce or death of spouse) : _____

If Decedent's spouse is deceased, date and place of decedent's spouse's death: _____

Decedent's children:

1. Name: _____ Birth Date: _____
Name of other parent: _____
Current address of child: _____
Or date of death of deceased child: _____
Descendants of deceased child: _____

2. Name: _____ Birth Date: _____
Name of other parent: _____
Current address of child: _____
Or date of death of deceased child: _____
Descendants of deceased child: _____

3. Name: _____ Birth Date: _____
Name of other parent: _____
Current address of child: _____
Or date of death of deceased child: _____
Descendants of deceased child: _____

4. Name: _____ Birth Date: _____
Name of other parent: _____
Current address of child: _____
Or date of death of deceased child: _____
Descendants of deceased child: _____

5. Name: _____ Birth Date: _____
Name of other parent: _____
Current address of child: _____
Or date of death of deceased child: _____

Descendants of deceased child: _____

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, except: _____

or none _____.

Include the information below if decedent was not survived by descendants:

Decedent's mother:

1. Name: _____ Birth date: _____

Current Address: _____

Or Date of death of mother: _____

Decedent's father:

1. Name: _____ Birth date: _____

Current Address: _____

Or Date of death of mother: _____

Include if decedent was not survived by descendants or by both mother and father:

Decedent's siblings: Name: _____ Birth date: _____

Current address: _____ or date of death: _____

Parents of sibling: _____

Descendants of sibling: _____

Decedent's siblings: Name: _____ Birth date: _____

Current address: _____ or date of death: _____

Parents of sibling: _____

Descendants of sibling: _____

Decedent's siblings: Name: _____ Birth date: _____

Current address: _____ or date of death: _____

Parents of sibling: _____

Descendants of sibling: _____

Decedent's siblings: Name: _____ Birth date: _____

Current address: _____ or date of death: _____

Parents of sibling: _____

Descendants of sibling: _____

Decedent died without leaving a written will? Yes _____ No _____

There has been no administration of decedent's estate: Yes _____ No _____

Decedent left no debts that are unpaid, except (or state none): _____

There are no unpaid estate or inheritance taxes, except: _____

To the best of my knowledge, decedent owned an interest in the following real property (or state none):

Optional: The following were heirs of decedent at the time of decedent's death: _____

Additional information as appropriate, such as size of decedent's estate: _____
