

## AFFIDAVIT OF HEIRSHIP QUESTIONNAIRE

Affidavit:		
Address:		
City, State, Zip		
Phone No.:email:		
Relationship to Deceased:		
Date of Birth;		
Name of Deceased:		
Date of Birth:		
Date of Death:		
Place of Death:		
Was Decedent married at the time of death?  Name of Spouse:		
Address:		
City, State, County:		
Date of Birth:Date of Marriage:		
Place of Marriage (county/state):		
Did decedent have any other marriages? How many?		
Name of Spouse:		
Date of Marriage; City/State:		
Date of Divorce or death of spouse:		
Place of Divorce or death (county/state):		

An Affidavit of Heirship is a quick way for beneficiaries to establish ownership of real and personal property. It's generally faster because you avoid going through probate court. It's most often used when your spouse or family member dies without a will and leaves only real property.

Name of Spouse:	
Date of Marriage;	City/State:
	pouse:
Place f Divorce or death (cou	inty/state):
	Tho are the children of the deceased st include all the children from all marriages
Child's Name:	
Address:	
City, State, Zip:	
Date of Birth:	
Relationship to the Deceased	l:Are they married?
Who was the other parent?_	
Child's Name:	
Address:	
Date of Birth:	
Relationship to the Deceased	l:Are they married?
Who was the other parent?_	
Child's Name:	
Address:	
	l:Are they married?
Who was the other parent?_	

Child's Name:			
Address:			
City, State, Zip:			
Date of Birth:			
Relationship to the Deceased:Are they married?			
Who was the other parent?			
Child's Name:			
Address:			
City, State, Zip:			
Date of Birth:			
Relationship to the Deceased:Are they married?			
Who was the other parent?			
Are any of the children deceased?			
Deceased Child:			
Date of Birth:			
Date of Death:			
Were they married?Name of Spouse			
Did the deceased child have children of their own?			
Name of child:			
Date of Birth:			
Address:			
City State 7in.			

Date of Birth:		
Relationship to the Deceased:Are they married?		
Deceased Child:		
Date of Birth:		
Date of Death:		
Were they married?Name of Spouse		
Did the deceased child have children of their own?		
Name of child:		
Date of Birth:		
Address:		
City, State, Zip:		
Date of Birth:		
Relationship to the Deceased:Are they married?		

PLEASE REMEMBER TO BRING A COPY OF THE DEATH CERTIFICATE

## Who will be the witnesses for the estate? (need two who have known the deceased for more than 15 years)

Name:	
Address:	
City, State,	
Zip:Phone:_	
How long did you know the deceasedrelationship (friend, co-worker, etc.)	
Name:	
Address:	
City, State,	
Zip:Phone:	
How long did you know the deceasedrelationship (friend, co-worker, etc.)	
Would you like to sign up for our news How did you hear about us?	