State of	Rev. 134DA0A
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AFFIDAVIT OF HEIRSHIP

This affidavit concerns the Heirs of the Estate of	("Decedent"). I,	, being duly
sworn, hereby affirm under penalty of perjury, on this	, that:	
1. Affiant's Information:		
• My name is		
• My date of birth is 07/23/2025.		
• I reside at,,	·	
I have personal knowledge of the facts herein and am successor, executor, nor do I have an interest in heirsl Decedent's estate.	• •	
2. Affiant's Relationship to Decedent: I have known the	e Decedent for	<u>.</u> .
3. Decedent's Information:		
Decedent's Full Name:		
Date of Birth:		
Date of Death:		
• Place of Death:,,		
Last Address of Decedent:,	,,	
4. Marital History:		
5. Decedent's Property: To the best of my knowledge, property owned by the Decedent at the time of death in		,
,, solemnly swear that the statements made of my knowledge and belief.	in this Affidavit are true an	nd correct to the best
 		
Affiant Signature		

NOTARY ACKNOWLEDGMENT

State of)		
)	(Seal)	
County of)		
The foregoing instrument was ackr	nowledge	d before me this day of _	······································
20, by the undersigned,	:	who is personally known to me or	satisfactorily proven to me
to be the person whose name is su	ubscribed	to the within instrument.	
Signature			
Notary Public		_	
My Commission Expires:			
		WITNESSES	
I am 18 years of age or older, am r	not the in	dividual who signed the affidavit or	behalf of and at the
direction of the decedent, am not the		<u> </u>	
authorized by law to take acknowle	•	_	• •
Witness Name		Witness Signature	Date