

Affidavit of Heirship Required Information

First Disinterested Witness

Name: _____

Residential Address: _____

City, State, Zip Code: _____

County: _____

Phone: _____

How long have they known Decedent? _____

Relationship to Decedent? _____

Second Disinterested Witness

Name: _____

Residential Address: _____

City, State, Zip Code: _____

County: _____

Phone: _____

How long have they known Decedent? _____

Relationship to Decedent? _____

Decedent's Information:

Name: _____

Date of Birth: _____

Date of Death: _____

City, State and County of Death: _____

Residential Address at time of death: _____

Did Decedent leave a valid will? _____

Was it probated? _____

Decedent's Marriage Information

Number of times married: _____

For each spouse the following information is needed:

	Name	Date of Marriage	Date of Divorce (if divorced)	Date of Death (if deceased)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Decedent's Children Information

For each child of the Decedent, the following information is needed, **if any children are deceased, please fill in Date of Death for that child instead of current address:**

1. Name: _____

Date of Birth: _____

Name of other Parent: _____

Current Residential Address: _____

2. Name: _____

Date of Birth: _____

Name of other Parent: _____

Current Residential Address: _____

3. Name: _____

Date of Birth: _____

Name of other Parent: _____

Current Residential Address: _____

4. Name: _____

Date of Birth: _____

Name of other Parent: _____

Current Residential Address: _____

5. Name: _____

Date of Birth: _____

Name of other Parent: _____

Current Residential Address: _____
