**As to**

**(Deceased Person Name)**

This form is executed as a will or other instructions for any wealth or assets distribution have not been left by the decedent. The affiant warrants that neither the decedent has left a will nor any matter related to the decedent’s property has been submitted to a probate court.

I, as the affiant, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, swear under oath and warrant that I was personally familiar with and knowledgeable about the decedent during their lifetime and that I have known them for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years, and bear the relationship of a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with the decedent, that I have fully stated all the rightful heirs of the decedent and described their relationship to the decedent accurately and truthfully to the best of my knowledge and that I have not excluded any eligible heir.

I, the affiant, hereby also swear under oath that I am of legal age and hold the authority and capacity to sign as the affiant.

***1.*  *The affiant also confirms the following:***

*The decedent died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residing at the address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(county) before death. The decedent died at the address \_\_\_\_\_\_\_\_\_\_\_ (city), \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_(county).*

***2.*  *The decedent had the following marital history:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Spouse Name** | **Married on** | **Divorced on** | **Spouse’s Date of Death** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Note: Leave this section blank if and specify that the decedent never married anyone during their lifetime.*

**3.  The following is an accurate and complete list which includes the name and other pertaining information of all the decedent’s children whether biological or adopted:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Children Names** | **Residential address** | **DOB** | **Other parent’s name** | **Child’s Date of Death** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

*Note: In case there were no children during the decedent’s lifetime leave this section, empty and specify that there were no children.*

**4. In case any of the children of the decedent have deceased provide their following information:  
Deceased Child’s Name:**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| The deceased child had a will |  |  |
| The will was Probated |  |  |

In case they left a will specify the state and county of probate court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deceased Child’s Children Names** | **Current Address** | **Date of Birth** | **Date of Death** | **Name and Current Address of** **Deceased Child’s Surviving Spouse** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Deceased Child’s Name:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| The deceased child had a will |  |  |
| The will was Probated |  |  |

In case they left a will specify the state and county of probate court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deceased Child’s**  **Children Names** | **Current Address** | **Date of Birth** | **Date of Death** | **Name and Current Address of** **Deceased Child’s Surviving Spouse** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Deceased Child’s Name:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| The deceased child had a will |  |  |
| The will was Probated |  |  |

In case they left a will specify the state and county of probate court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deceased Child’s Children Names** | **Current Address** | **Date of Birth** | **Date of Death** | **Name and Current Address of** **Deceased Child’s Surviving Spouse** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**5.    *In case the decedent neither married during their lifetime nor had any children then provide the following information about the decedent’s parents:***

|  |  |  |  |
| --- | --- | --- | --- |
| **DECEDENT’S** **PARENTS** | **Name** | **Current Address** | **Date of Death** |
| **MOTHER** |  |  |  |
| **FATHER** |  |  |  |

*Do not answer the question 6,7 and 8 in case the decedent has surviving children.*

**6.** **Information about the decedent’s siblings is stated below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of siblings** | ***Current Address*** | **Date of Birth** | **Date of Death** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: In case the decedent had no siblings leave this section empty and specify that there were no siblings.

**7.**    **The information about children of deceased siblings is stated below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Nieces/ Nephews** | **Current Address** | **DOB** | **Deceased Parent’s Name** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: In case the deceased siblings had no children leave this section empty and specify that there were no children.

**Affiant:**

|  |  |
| --- | --- |
| Signatures: |  |
| Date: |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

State of: [NOTARY STATE],

County of” [NOTARY STATE],

SUBSCRIBED AND SWORN to Before me, [NOTARY NAME], Notary Public, On this [DATE] day of [MONTH], [YEAR].

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Notary Signature* & (Notary Seal)  
My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this day, before me, [NOTARY NAME], Notary Public, personally appeared [AFFIANT NAME], known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same for the purposes and consideration expressed therein in their authorized capacity.

WITNESS, my hand and seal of office.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Notary Signature* & (Notary Seal)  
My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORROBORATING AFFIDAVIT**

## **CORROBORATING AFFIDAVIT OF HEIRSHIP:**

**State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I [CORROBORATING AFFIANT], am of lawful age and being duly sworn, depose and say that information provided by the affiant in the aforementioned affidavit is based upon their personal knowledge and is true and accurate to the best of their knowledge.

**Corroborating Affiant Signature**

SWORN and SUBSCRIBED Before me, [NAME OF NOTARY], Notary Public, On this [DATE HERE] day of [MONTH], [YEAR].

Notary Signature & (Notary Seal)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
My commission expires:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:** The affidavit of heirship can be signed by any individual who was personally acquainted with the decedent during their lifetime provided that they are a disinterested third party who will not benefit from this affidavit.

The corroborating affidavit can only be signed by an individual who is not a member of the family.

The affidavit of heirship must be notarized and recorded with deed records or real property records in the county or parish records where the property of the decedents located and furnish a certified copy to any company upon request.