

AFFIDAVIT OF HEIRSHIP QUESTIONNAIRE

Decedent’s full name: _____

Decedent’s date of birth: _____ Date of death: _____

County and state of death: _____

County and State of Decedent’s residence: _____

Was Decedent married, widowed, or single at death? _____

If Decedent was divorced, the name of ex-spouse, and date of divorce: _____

If Decedent was widowed, please state the name of the ex-spouse, date of death, and whether spouse’s will was probated: _____

Do you have a copy of the Deed to the property? _____ If so, please bring it for us to copy.

Full name, date of birth, current address of all children and date of death (if applicable):

Child 1: _____

Child 2: _____

Child 3: _____

(attach sheets if necessary)

Please provide the following information of TWO people familiar with the Decedent and his/her family history (Cannot be an heir).

Witness 1: Name: _____

Address: _____

How long did witness know Decedent? _____

Witness 2: Name: _____

Address: _____

How long did witness know Decedent? _____