THIS DOCUMENT <u>MUST</u> BE RECORDED IN THE COUNTY WHERE THE PROPERTY IS LOCATED.

AFFIDAVIT OF HEIRSHIP OF

				Deceas	ed					
STATE COUN	E OF TY OF			SS.						
			,							
	That affiant was p	ersonally and w	ell acqui		-	ng duly sworn, ed decedent du		-	•	
known	deceased for		en acqu				ing the	iuttei	5 meenie,	naving
	Decedent died at _			,		Count	y, State o	of		
on or al	bout the	_day of			_, 20,	being	ye	ars o	f age, and a	resident
of	That the following						on the ne	rson	al knowledd	re of
affiant	and are true and cor				ing question	is are based up	on the pe	13011	ai Kilowieug	
1.	Did the decedent	leave a will?		If so, has the	will been ad	mitted to prob	ate?		Give th	e name
_	of the County and State in which such proceedings are pending and the name and address of the executor/executrin 2. If the decedent left no will, have administration proceedings been started? If so, give the name of the									
2.	If the decedent lef County and State			-	-			-		of the
	administrator.	in which sale a	mmsuc	ation proceeding	igs are pend	ing and the nai		uurea	s of the	
3.	Have ancillary pro Where?					e?	If so, wl	hen?		
4.	If no administrativ				• •					
5.	Did the decedent			-						
		so, give as nearly as possible, the amount of such taxes or other debts, to whom they are owed, and whether they have since been paid.								
										•
6.	Was the decedent		-	-	-					
	If so, give details	as to principal c	lebtor, ai	nount, etc						
7.	Were there any lawsuits pending or judgments rendered against the decedent at the time of death? If so,									
	state briefly the na	e nature, amount involved and the parties involved.								
8.	Marital status of t	he decedent at f	he time (of death M	arried S	ingle Divoi	red V	Vido	w Wido	 Wor
9.	If the decedent wa					8				
				Living/		_ Date of I	Death	Wa	as there a p	oroperty
Na	ame of Spouse	Date of Man	rriage	Deceased	Divorce	d or Dive		set	tlement? If	
									attach a c	ору
10	. If the decedent ha	d any children b	y any pe	erson, or adopt	ed any child	ren, give the f	ollowing	info	rmation:	
J	Name of Child	Date of		Address		Living/	Date		By V	Vhom
		Birth				Deceased	Deat	h	-	
						1				
11	. If a deceased child	l left descenden	ts oive t	he following i	nformation		L		I	
	me of Deceased	Name of		Date of Birth		Address			Living/ Deceased	Date o Death

(If more space is needed, please attach a separate sheet.)

12. If the decedent left no children or descendents of deceased children, then please furnish the following information:a. Give the names of the parents of the decedent:

Name	Address	Living/ Deceased	Date of Death
Mother:			
Father:			

b.	Give the names	of the brothers	and sisters	of the decedent:
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Name	Relation	Address	Living/ Deceased	Date of Death

c. Give the names of the children of a deceased brother or sister:

Name of Child	Child of	Date of Birth	Address	Living/ Deceased

13. If the decedent left no heirs covered by item 12 above, then attach a full and complete affidavit of heirship of said decedent in narrative form.

15. As to each tract of land or interest in land owned by the decedent at the time of his death which concerns this company, give information which will be used primarily for the purpose of determining whether the property was separate or community:

Description	Date Acquired	From Whom	How Acquired (Gift, Purchase, etc.)	If acquired by purchase, were funds used those of the decedent only or community property funds with spouse

(If more space is needed, please attach a separate sheet.)

16. Briefly state facts and circumstances which will show the basis and source of the information given above (such as being a relative, a close friend, or an attorney or agent of the decedent):

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct and complete to the best of my ability, belief and knowledge.

Affiant Signature

			Affiant Address
STATE OF			
COUNTY OF S	S.		
Subscribed and sworn to before me this	day of	, 2021, by	
	Notary Public in	and for the State of	
	Printed Name:		
My commission expires	_		
AC	KNOWLEDGMENT		
STATE OF			
COUNTY OF SS.			
This instrument was ackno	wledged before me on t	he day of 2021	, by
		and for the State of	
	Printed Name:		
My commission expires			