To complete this form correctly, please be sure you do the following:

Choose 2 people who are familiar with the owner's family and marital history ### Party 1 should:

- Complete the form with all information
- Be sure to complete Questions 11 15
- Include names, addresses and social security numbers for each party named in Sections 3-7
- ### Party 2 should:
 - Read the completed form and verify that all information is correct
 - Sign the corroborating affidavit portion of page 4 in front of a notary public

Fill in all sections of form. Where there is no information to be provided, write explanation such as "<u>none</u>" or "<u>do not know</u>". When there is not enough space in an area of the form, write additional information on the reverse side of this form or attach separate sheets to this form.

AFFID	AVIT	OF	HEIR	SHIP
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For	Deceased	
STATE OF	}	
COUNTY OR PARISH OF	}	
(vous same)	_, of lawful age, being first duly sworn, i	pon oath deposes and says:
<i>(your nume)</i> 1.That affiant was personally well acquainted with t		
years, and that affiant bears the following rela	-	-
2.That said decedent died in	County or Parish, State of	on or about
, [<i>year</i>], being	years old at the date of death.;	
3.That the decedent was married to the following pe	rsons:	
Name and Address and Social Security Number of Spouse	Date of Date Marriage	of Divorce, Date of Death, if Any If Not Living

4. That the following children were born to (in or out of lawful wedlock) or adopted by the decedent:

Name of Child	Date of Birth	Address and Social Security No. or, if Not living, Date of Death	Natural or Adopted	Name of Father and Mother
				2
		<u> </u>		1
		<u>.</u>		
	<u>. 12</u>			

5. That the following children were born to a deceased natural or adopted child, or were adopted by a deceased natural or adopted

child: Name of Child	Date of Birth	Address or, if Not Living, Date of Death	Name of Father and Mother
			-

6. That decedent was survived by the following parents, brothers, sisters and descendants of deceased brothers and sisters:

NOTE:Write "does not apply" if Section 4 and 5 show other heirs.

		Name	Date of Death	
A.	Father			
B.	Mother			
C.	Brothers and Sisters			
		·		

Address or, if Not living,

D.	Descendants of			
	Deceased Brothers			
	and Sisters			
			es, aunts and descendants of decease	ed uncles and aunts:
NO	TE:Write " <u>does not apply</u> " if Sec	ctions 3 - 6 show other heirs: Name	Address o Dat	or, if Not Living, e of Death
А.	Paternal Grandparents			
B.	Maternal Grandparents			
		0		
				Name of Father and Mother
C.	Aunts and Uncles		· · · · · · · · · · · · · · · · · · ·	
	of Decedent	C		
D.	Descendants of			
	Deceased Aunts			
	and Uncles	l		
		·		

8.That if any person(s) listed in Sections 4 and/or 5 is a minor (under 18 or 21 years of age, whichever is applicable), the name and address of the guardian, if any, for such minor person(s) is specified below:

Name of Minor		Name of Guardian	Address of Guardian	
9. That if any livin address of the guardia Nam	n or conservator of the	Sections 3 - 7 has been adjudged insane or declared estate of such person(s), if any, is shown below: Name of Guardian	non compos mentis, the na Address of Gua	
1 1 44 114	•	or Conservator	or Conserva	tor
10.That said dece State	dent owned interest(s) County or Parish	in the following properties General Description of Property Interests	Community or Separate	Homestead (Yes or No)
11.That said dece	dent	_leave a will, which will, if any,	been admitted to probate i	n the Probate
		nty, or Parish, State of		
12.That administ	ration on the estate of	decedent been taken out; has or has not		
13.That name an	d address of the admin	istrator or executor, if one has been appointed, is:		
	Name		Address	
14.That the debt	s of the decedent and th	ne debts of the estate of the decedent, if any,	been paid.	

Section 10 is located.		been paid.	State in which the property covered in
Section 10 is located,	et l		
		AFFIANT SIGN HERE:	
Subscribed and sworn to before me	this	day of	22
My commission expires:		Notary Public	
		Notary Public	
		DRROBORATING AFFIDAVIT OF HEIRS	
STATE OF	}	(TO BE SIGNED BY SOME PERSON OTHI	ER
COUNTY OR PARISH OF	}	THAN THE ONE MAKING THE AFFIDAV	IT)
the information given in the above and	foregoing aff	of lawful age, being first duly sw. idavit is true, to the personal knowledge of this af	orn, upon his or her oath states:that fiant.
		Subscribed and sworn to before me day of	this, 2

NOTE: If any heirs of decedent have died since the decedent's death, separate proof of heirship as to each such heir will be required.

For title transfers where there is no Will or where the Will is not to be probated: We suggest that you also file a copy of this Affidavit, along with a certified copy of the death certificate, in the County(s) and State(s) where the owner had an interest in real property.