

Lease or Unit No. _____

Description of Property _____

AFFIDAVIT OF HEIRSHIP

THIS FORM IS TO BE COMPLETED BY A NON-FAMILY MEMBER FAMILIAR WITH THE FAMILY HISTORY.
(Document must be completed in its entirety and must be recorded in the County(s) where the property is located.)

Name of Decedent

STATE OF _____

PARISH OF _____

_____, whose address is _____,

hereinafter referred to as "Affiant", being of lawful age and being duly sworn, upon oath deposes and says that (s)he was acquainted with

_____, hereinafter referred to as "the Decedent," and that the answers and statements given in the

following questionnaire are based upon Affiant's personal knowledge and are true and correct:

1. How long did you know the Decedent? _____
2. What was your relationship to the Decedent? _____
3. Complete the following sentences: The Decedent's home was at _____
_____. Decedent died at the age of _____, on _____, 20 ____,
at _____, State of _____.
4. Did the Decedent leave a will? _____ If the Decedent did leave a will, please attach a copy of the will to this affidavit.
5. Have any proceedings been commenced with respect to the Decedent's estate? _____ If so, complete the following sentence to the best of your knowledge: Proceedings were commenced in _____ County/Parish, State of _____, and the name and address of the executor or administrator is _____.
6. Are there any debts still owing by the Decedent's estate and if so, will the size of the estate be sufficient, in your opinion, to pay such debts? _____
7. Have all Federal Estate and State Inheritance taxes been paid? (If none due, so state.) _____
8. Was the interest in the above described property community or separate? _____
9. Was the property of the deceased as described on this affidavit a homestead? _____
10. At the time of death was the Decedent single, married, divorced, a widow or widower and, if married, what was the Decedent's surviving spouse's name? _____
11. If the Decedent was married at the time of death, what is the surviving spouse's present address or, if deceased, when did such surviving spouse die? _____
12. How many times was the Decedent married? _____ If the Decedent was married more than once, complete the following table.

Name of Former Spouse	Date Marriage Terminated	Nature of Termination (death/divorce)	Present Address or Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. What was the total number of Decedent's children, both natural and adopted? Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted.

Name of Child	Date of Birth	Child's Other Parent	Present Address or Date of Death

14. Were any of Decedent's children adopted and, if so, which ones and when? _____

15. Complete the following table with respect to all children of every deceased child (if any) of the Decedent.

Name of the Decedent's Deceased Child	Children of the Deceased Child	Date of Birth	Present Address or Date of Death

16. If the Decedent was not survived by any children or grandchildren, then give below the names and addresses of the Decedent's father, mother, and all brothers and sisters.

Name of Relative	Relationship	Age	Present Address or Date of Death

17. If the Decedent was not survived by any children, grandchildren, father, mother, brothers or sisters, then give below the names and addresses of the nearest living relatives.

Name of Relative	Relationship	Age	Present Address

Affiant's Signature

Subscribed and sworn to before me this _____ day of _____ 20 ____ .

Notary Public

My Commission expires _____ 20 ____ .