

# AFFIDAVIT OF HEIRSHIP

*Addendum to Transfer by Affidavit*

Estate of \_\_\_\_\_ (the "Decedent")

Decedent Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:

1. What is your name, mailing address, and relationship to the Decedent?

Name	Mailing Address	Relationship

2. Was the Decedent survived by a spouse or domestic partner?  Yes  No

If YES, give name: \_\_\_\_\_ If deceased, date of death \_\_\_\_\_

3. Did the Decedent have any children, including yourself, living or deceased; natural or adopted?  Yes  No

If YES, list all names and if deceased indicate date of death.  See attached

Name of Decedent's Children	Date of Death	Name of their Spouse	Date of Death (if deceased)

For each deceased child listed above, list his or her name and the names of his or her children, including yourself, living or deceased; natural or adopted. If any of his or her children are deceased, indicate the date of death of that child and the names of his or her descendants (living or deceased; natural or adopted).  See attached

Name of Deceased Child	Name of Deceased Child's Children	Date of Death

4. If there is a surviving spouse or domestic partner, are all of the decedent's children listed in Section 3 above also the children of the surviving spouse or domestic partner?  Yes  No

If NO, give details: \_\_\_\_\_<sup>1</sup>

5. If no surviving children, spouse, or domestic partner, did the Decedent leave surviving parents?  Yes  No

NA If YES, list names: \_\_\_\_\_

<sup>1</sup> INSTRUCTIONS: If there are LIVING persons listed in answers to Questions 2, 3, and 4, then skip to Question 8. If no such LIVING persons, continue with Question 5.

6. If no surviving parent, did the Decedent have brothers or sisters (living or deceased; whole blood, half blood, adopted)?  
 Yes  No  NA

If YES, list all names and if deceased indicate date of death.  See attached

Name of Decedent's Brothers or Sisters	If deceased, date of death

For each deceased brother or sister listed above, list his or her name and the names of his or her children (living or deceased; natural or adopted). If any of his or her children are deceased, indicate the date of death of that child and the names of his or her descendants (living or deceased; natural or adopted).  See attached

Name of Deceased Brother or Sister	Name of Deceased Brother's or Sister's Children	Date of Death

7. If no surviving brothers or sisters, then list the names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named.

See attached

Maternal (mother)	Paternal (father)
Grandfather: _____	Grandfather: _____
Grandmother: _____	Grandmother: _____
Descendants:	Descendants:

8. Did any of the persons named in Questions 2-7, inclusive, die within 120 hours (5 days) after the death of the Decedent?  Yes

No If YES, list name, date of death, and descendant(s).

Name	Date of Death	Descendant(s)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
 Notary Public/Court

\_\_\_\_\_  
 Name printed or typed

My commission/term expires: \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name printed or typed

\_\_\_\_\_  
 Address