		-ABOVE THIS LINE FOR OFFICIAL USE ONLY
Legal Description: County, State:	. resi	iding at
(Name of Affiant)		(Address)
<b>\</b>		being first duly sworn, on oath deposes and
(City)	(State)	says that I have personal knowledge of the facts stated in the affidavit and that the answers and other statements hereinafter set out are true and correct.
How long and how well were you acquainted with the decedent?		
2. If related to decedent, state in what way.		
3. When and where did decedent die?		
4. Where was decedent's permanent residen	nce at the time of his/he	er death?

5. How	v many times was decedent married?				
6. Nam	ne and address of surviving spouse (if any).				
resid	ing at				
whether	cedent was ever married, list in the following such marriage was terminated by death or di- hether or not such spouse left a will:				
Date o Marria		Marriage Terminated by Death or Divorce	Date of Termination	Address if Living	If dead, did such spouse leave a Will
(b) (c)	To the best of my knowledge, decedent owned When was the property described at the beging Was it acquired by gift, devise, inheritance of the state did decedent reside when property was the decedent married when such property.	nning of the affidavit ar purchase? (State whith it is a contract of the contr	acquired by deced		
	If so, give the name of decedent's husband or	wife.			
	If such husband or wife is now deceased, did	such party leave a W	ill?		
9. Did	Decedent leave a Will?	(a) If yes, was th	e Will probated?	*If the will was probate, please all probate doc	provide copies of
(b) If the	e will has not been probated, does the execute	or or administrator int	end to probate the	e Will?	

	a Will, was any administration l	iad on dece	odent's estate:		
If so, name the counties a administrator.	and states in which administration	on was had	and give the name and address of the		
estate? If so, will decedent's pers	here any debts or Federal estate sonal estate be sufficient, in you t value of the entire estate?				
	on called for in the table below.		ed by decedent, whether living or dead, sted children should be designated as		
Name of Child	Name of Child's Other Parent	Birthdate	Address	Living or Dead	If Dead, Give Date of Death
			ndants of any deceased child of decedent		
	for in the following table concerted). If no descendants, so state  Descendants		ndants of any deceased child of decedent  Address	Living or Dead	If Dead, Give Date of Death
(whether natural or adopt	ted). If no descendants, so state				
(whether natural or adopt	ted). If no descendants, so state				
(whether natural or adopt	ted). If no descendants, so state				
(whether natural or adopt Name of Deceased Child	ted). If no descendants, so state	Birthdate		Dead	
(whether natural or adopt Name of Deceased Child  Descendants of deceased chil	d of decedent. If none, so state	Birthdate			
(whether natural or adopt Name of Deceased Child  Descendants of deceased chil Name of Deceased Brother o	d of decedent. If none, so state	Birthdate	Address	Dead  Living or	Date of Death  If Dead, Give

	l or paternal.  Name		Birthdate	Address	Living or Dead	If Dead, Give Date of Death	
Father							
Mother							
Brother							
Brother							
Sister							
Sister							
Descendants of de							
Name of Decease Sister		Descend	lants	Birthdate	Address	Living or Dead	If Dead, Give Date of Death
		information calle	d for in the	following tables:	others or sisters or their	Tining an	I te Dead Civ
			d for in the		others or sisters or their  Address	Living or Dead	If Dead, Give
descendants, th	nen give the i	information calle	d for in the	following tables:			
descendants, the	nen give the i	information calle	d for in the	following tables:			
descendants, the Paternal Grandfath Paternal Grandmo	hen give the i	information calle	d for in the	following tables:			
descendants, the Paternal Grandfath Paternal Grandmo Maternal Grandfath	her ther	information calle	d for in the	following tables:			
descendants, the Paternal Grandfath Paternal Grandmo Maternal Grandfath	her ther ther other	information calle	d for in the	following tables:			
descendants, the Paternal Grandfath Paternal Grandmo Maternal Grandfath Maternal Grandmo	her ther ther other	information calle Nam	ed for in the	Birthdate  Bratemal or	Address	Dead  Living or	Date of Death

Name of Deceased Uncle or Aunt	Descendants	Age	Address	Living or Dead	If Dead Give Date of Death
		Sign	nature of Affiant		
		Sig	nature of Amant		
THE STATE OF	. §				
COUNTY OF	§ §				
	_ 8				
The foregoing instrume	nt was subscribed and sv	worn before m	e on this the day of	, 20,	
by		<u></u>			
			Notary Public, State of		
			My Commission Expires:		
			Printed Name of Notary:		

## AFFIDAVIT CORROBORATING AFFIDAVIT OF HEIRSHIP

THE STAT	TE OF
information	, of lawful age, being first duly sworn, upon his or her oath states that the a given in the above and foregoing affidavit is true, to the personal knowledge of this affiant.
	Signature of Corroborating Affiant
	The foregoing instrument was subscribed and sworn before me on this the day of, 20,
	Notary Public, State of
	My Commission Expires: Printed Name of Notary: