





If all of the Estate's beneficiaries have been accounted for (i.e., none of the decedent's children have died), you may skip sections 6 - 13, and proceed to the verification on the last page.



6. Provide the following information regarding the decedent's **grandchildren**, born only to the deceased children in section 5 above. If a grandchild has died, also provide the required information regarding the descendant of the deceased grandchild:

NAME AND ADDRESS OF GRANDCHILDREN	YEAR OF BIRTH	DATE OF DEATH	NAME OF DECEASED PARENT

7. If the decedent was not survived by a spouse or any descendants, provide the following information regarding the decedent's **parents**:

	NAME AND ADDRESS OF DECEDENT'S PARENTS	DATE OF DEATH
PARENT #1		
PARENT #2		

8. If the decedent was not survived by a spouse, descendant, or parent, provide the following information regarding the decedent's **brothers and sisters**:

NAME AND ADDRESS OF SIBLINGS	HALF-SIBLING?	YEAR OF BIRTH	DATE OF DEATH
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Provide the following information regarding the deceased's **nieces and nephews**, born only to the deceased brothers/sisters listed in section 8 above. If a niece/nephew has died, also provide the required information regarding the descendant of the deceased niece/nephew:

NAME AND ADDRESS OF NIECES/NEPHEWS	YEAR OF BIRTH	NAME OF NIECE'S/NEPHEW'S DECEASED PARENT	DATE OF DEATH

10. If the decedent was not survived by a spouse, a descendant, a parent, a sibling, or niece/nephew, provide the following information for the decedent's **grandparents**:

	NAME AND ADDRESS OF GRANDPARENTS	DATE OF DEATH
PARENT #1		
PARENT #1		
PARENT #2		
PARENT #2		

11. Provide the following information regarding the decedent's **aunts and uncles**, born only to the deceased grandparents listed in section 10 above:

NAME AND ADDRESS OF AUNTS/UNCLES	DATE OF DEATH	NAME OF AUNT/UNCLE'S DECEASED PARENT

12. Provide the following information regarding the decedent's **cousins**, born only to the **deceased** aunts and uncles listed in section 10 above. If a cousin has died, indicate as such, and provide the required information regarding the descendant of the deceased cousin:

NAME AND ADDRESS OF COUSINS	YEAR OF BIRTH	DATE OF DEATH	NAME OF COUSIN'S DECEASED PARENT

13. If the decedent was not survived by any members of the classes listed in sections 5 through 12, but was predeceased by a spouse, provide the following information regarding the kindred of the decedent's last spouse (starting with the spouse's children). If a descendant has died, indicate as such, and provide the required information regarding the descendant of the deceased person:

KINDRED OF DECEASED SPOUSE or ADDITIONAL SPACE FOR ANY PREVIOUS SECTION			
NAME AND ADDRESS OF DESCENDANTS	YEAR OF BIRTH	DATE OF DEATH	NAME OF DESCENDANT'S PARENT

Check here if you are attaching a supplement to this affidavit.

**Under penalties of perjury, I declare the I have read the foregoing Affidavit of Heirs and the facts stated therein are true.**

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

FURTHER AFFIANT SAYETH NAUGHT.

State of \_\_\_\_\_

City of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, **by means of**  **physical presence** or  **online notarization**, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me and/or produced \_\_\_\_\_ as identification.

My Commission Expires: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public



NAME AND ADDRESS OF DESCENDANTS	YEAR OF BIRTH	DATE OF DEATH	NAME OF PARENT AND RELATION TO DECEDENT

**Under penalties of perjury, I declare the I have read the foregoing Affidavit of Heirs and the facts stated therein are true.**

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

FURTHER AFFIANT SAYETH NAUGHT.  
State of \_\_\_\_\_  
City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me, by means of  physical presence or  online notarization, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me and/or produced \_\_\_\_\_ as identification.

My Commission Expires: \_\_\_\_\_

[SEAL]

\_\_\_\_\_  
Notary Public