AFFIDAVIT OF HEIRSHIP AND MARITAL HISTORY

	Name of Decedent
I, _	, a resident ofCounty, State ofCounty, of lawful age, being first duly sworn according to law, upon my oath depose and say: That I was well
and	l personally acquainted with the above-named decedent during his/her lifetime; that the said decedent departed this life at or near
	in the County of, State of, on
cor	orther swear that I have no relation to the decedent and am a disinterested third party, and that the following is a true, correct and nplete statement of the family history of said decedent, and shows all persons who can be heirs at law, and that the following tements and answers are based upon my personal knowledge:
1.	Did decedent leave a will disposing of any part of his/her estate or homestead?
2.	If so, has the will been admitted to probate? \Box Yes \Box No
	Admitted in County/ParishState
3.	Has a representative been appointed for the estate of the decedent? \Box Yes \Box No
	Admitted in County/ParishState
4.	Have all debts against the estate been paid? \Box Yes \Box No
5.	Complete the following Marital History: (List names in order of marriage) NA

Name of Spouse of Deceased	Date of Marriage	Date of Death	Date of Divorce	Address

If decedent had children, name all of them, showing which are adopted, illegitimate but claimed, living or dead. If illegitimate, state whether living in father's family or publicly acknowledged by him. (You may attach a separate piece of paper, if necessary.)

Name of Child of Decedent	Age	Address	Date of Adoption or Claim	Date of Death if Deceased

State below if deceased children listed above left descendants. (You may attach a separate piece of paper, if necessary.)

Name of Deceased Son or Daughter	Name of Child of Deceased Son or Daughter	Age	Address	Date of Death, if Deceased

DO NOT COMPLETE the following three questions if the decedent left a surviving spouse and surviving children (or descendants of deceased children.)

1. Did the decedent leave a parent or parents?

Name of Father and Mother	Age	Address	Date of Death, if Deceased
Father			
Mother			

2. If decedent had brothers or sisters, give names, showing whether of full or half-blood, adopted or illegitimate.

Name of Brothers and Sisters	Brother or Sister	Age	Address	Date of Death, if Deceased

3. State below if any deceased brothers or sisters listed above had children. Name each one, whether living or dead.

Name of Deceased Brothers or Sisters	Name of Child of Deceased Brother or Sister	Age	Address	Date of Death, if Deceased

DO NOT COMPLETE the next three questions if the deceased left surviving parents, or surviving brothers or sisters, or children of deceased brothers and sisters, or any combination thereof. 1)

Name of Grandfather and Grandmother	Age	Address	Date of Death, if Deceased
Paternal Grandfather			
Paternal Grandmother			
Maternal Grandfather			
Maternal Grandfather			

2) Name each uncle and aunt, whether living or dead, and indicate whether PATERNAL or MATERNAL.

Name of Uncle and Aunts	Uncle or Aunt	Age	Address	Date of Death, if Deceased

3) State below if any deceased uncles or aunts had children. Name each one, whether living or dead.

Name of D	eceased Uncle or Aunt	Name of Child of Deceased Uncle or Aunt	Age	Address	Date of Death, if Deceased

Have all Federal Estate and State Inheritance taxes owed by decedent's estate been paid? If so, indicate offices to which taxes were paid or furnish tax certificates.

PLEASE REVIEW THE ENTIRE DOCUMENT FOR ACCURACY BEFORE SIGNING.

Affiant's Signature: ____

____ Date: _____

STATE OF _____

COUNTY OF _____

On this day of, 20, personally	appeared				, before	me a
notary public for the State of	known	to me to be the	person wh	nose name is	subscribed	to the
within instrument and acknowledged to me that he/she ex-	cecuted th	e same.				

Signature of Notary Public:

My Commission Expires: