

FATHER _____

MOTHER _____

	NAME	ADDRESS OR, IF NOT LIVING, DATE OF DEATH	NAME OF SPOUSE
BROTHERS & SISTERS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

	NAME	ADDRESS OR, IF NOT LIVING, DATE OF DEATH	CHILD OF
DESCENDANTS OF DECEASED BROTHERS & SISTERS	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Affiant states that he/she was well acquainted with the financial condition of decedent and that the debts against said Estate (have / have not) been paid.

State your relationship or acquaintance with decedent and how long and how well you knew the decedent and the decedent's family: _____

Further Affiant said not _____

Signed: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

My commission expires: _____

Notary Public resides at: _____

Attachment to Heirship Form

NEW OWNER/s INFORMATION SHEET

Please provide the names, addresses and social security/tax id numbers of all persons inheriting from the decedent named on attached Heirship form.

Name _____

Address: _____

Soc Sec/Tax Id _____

Name _____

Address: _____

Soc Sec/Tax Id _____

Name _____

Address: _____

Soc Sec/Tax Id _____

Name _____

Address: _____

Soc Sec/Tax Id _____

Name _____

Address: _____

Soc Sec/Tax Id _____

Name _____

Address: _____

Soc Sec/Tax Id _____

Name _____

Address: _____

Soc Sec/Tax Id _____

Name _____

Address: _____

Soc Sec/Tax Id _____
