

**PROOF OF DEATH AND HEIRSHIP**

STATE OF \_\_\_\_\_ §  
 COUNTY OF \_\_\_\_\_ § ss.

I, \_\_\_\_\_, a resident of \_\_\_\_\_, of lawful age, being first duly sworn, states:

1. That the statements hereinafter set forth, including answers to questions, constitute a true and correct and complete statement of the family history of the person hereinafter named as "decedent" and of the estate of such decedent.
2. Name of decedent: \_\_\_\_\_ Date of death: \_\_\_\_\_
3. Decedent was the owner of the following described land, situated in \_\_\_\_\_ County, State of \_\_\_\_\_, to wit: *(provide legal description)*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. When did the decedent acquire the land described above? \_\_\_\_\_
5. How did the decedent acquire the property (Inherited, Purchased or Gifted)? \_\_\_\_\_
6. Were you acquainted with the decedent? \_\_\_\_\_
7. How long did you know the decedent? \_\_\_\_\_
8. Were you related by blood or marriage? \_\_\_\_\_ If yes, what was that relationship? \_\_\_\_\_
9. Did the decedent leave any will, within your knowledge? \_\_\_\_\_
10. Was there any administration upon the decedent's estate, within your knowledge? \_\_\_\_\_. If so, give the location (County/State) and current status of the administration \_\_\_\_\_
11. Has an executor or administrator been appointed to the estate of the decedent? \_\_\_\_\_. If so, give his/her name and address. \_\_\_\_\_
12. Does the estate of the decedent currently owe any debts to any person, business or government entity, including any state or federal taxes? \_\_\_\_\_. If so, describe all debts owed, including taxes, of the estate. \_\_\_\_\_
13. At the time of death, was the decedent married? \_\_\_\_\_. If so, what was the surviving spouse's name and address? \_\_\_\_\_
14. If the decedent was married at the time of death, were the decedent and spouse bound by an antenuptial marriage contract ("prenup agreement"), within your knowledge? \_\_\_\_\_
15. If the decedent was married one or more times, complete the following information for each marriage:

Name of Spouse	Reason for Termination (Death or Divorce)	Date of Termination

16. Complete the following information for each child either born to or adopted by the decedent:

Name of Child	Address	By which Spouse	Age	Date of Death

17. Complete the following information for the surviving children of each deceased child listed above:

Name of Child	Address	By which Deceased Child?	Age	Date of Death

18. In case the decedent left no surviving spouse and no children or children of deceased children, complete the following information in the following order:

- FIRST, list the decedent's parents if the parents were living at the time of decedent's death.
- SECOND, list the decedent's siblings. If any sibling died before the decedent, list their surviving children.
- THIRD, if none of the above, list the next of kin.

Relation to Decedent	Name	Address	Age	Date of Death

Further affiant saith not.

Signed \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

My commission expires: \_\_\_\_\_

My Commission No.: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_

\_\_\_\_\_