

AFFIDAVIT OF HEIRSHIP

RE: _____, deceased:

Description of Property Involved:

That _____, residing at _____

_____, being first duly sworn, on oath deposes and says that the answers and other statements hereinafter set out are true and correct.

1. How long were you well and personally acquainted with the decedent? _____ years
2. If related to decedent, state in what way. _____
3. When and where did decedent die? _____
4. How old was decedent at the time of his/her death? _____
5. So far as you know, was decedent of sound mind at the time of his/her death and during his/her entire life? _____
6. Was decedent married, widowed or single at the time of death? _____
- 6A. If married, give name of surviving spouse. _____
- 6B. Is such husband or wife now living? _____ If living, give address _____

 If deceased, give date of death _____

7. How many times was decedent married? _____ If married more than once, give names of prior spouses, indicating whether marriage was terminated by death or divorce, giving date of termination of marriage and address of each spouse now living.

Name of Former Spouse	Terminated by Death or Divorce	Date of Termination	Address if Living

8. Did decedent leave a Last Will and Testament? _____ (If yes, Must attach)
9. Was Will probated or other administration had on decedent's estate? _____. If so, state County and State of proceedings _____.
10. To your knowledge are there any debts still owing by decedent's estate? _____. If so, will decedent's personal estate be sufficient, in your opinion, to pay such debts? _____

11. Give all information called for in following table with reference to all children, whether living or deceased, born to decedent. Designate adopted child or children.

Name of Childs other parent	Name of Child	Birth Date	Date of Death	Address if Living

12. Give information called for in the following table concerning descendants of any deceased child (whether natural or adopted) listed in #11. If no descendants, so state.

Name of Deceased Child	Name of Child	Birth Date	Date of Death	Address if Living

(IF DECEDENT LEFT SURVIVING CHILDREN, THEN QUESTIONS 13 AND 14 NEED NOT BE ANSWERED)

13. Give below the names and addresses (together with other information called for) of the surviving father, mother, brothers, and sisters of decedent.

Name	Relationship	Age	Date of Death	Address if Living

14. Give below the names and addresses (together with the other information called for) of the surviving children of any deceased brother or sister of the decedent listed in #13.

Name of Father & Mother	Name of Child	Date of Birth	Date of Death	Address if Living

******MUST INCLUDE FOR RECORDING: DECEDENT'S DEATH CERTIFICATE AND LAST WILL & TESTAMENT (if applicable) PER OKLAHOMA STATUTE 16 O.S. § 67 ******

Affiant:

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

My Commission Expires:

Notary Public