

## HEIRSHIP QUESTIONNAIRE

PLEASE COMPLETE THE FOLLOWING, FROM WHICH AN AFFIDAVIT OF HEIRSHIP WILL BE PREPARED

1. Full name of Deceased \_\_\_\_\_
2. Date of death of Deceased \_\_\_\_\_ - Please provide copy of death certificate.
3. County and state in which Deceased died \_\_\_\_\_
4. Last known address of Deceased \_\_\_\_\_
5. Full name of surviving spouse of Deceased \_\_\_\_\_
  - a. Date of marriage of Deceased and spouse \_\_\_\_\_
6. Was Deceased ever married to anyone else? \_\_\_\_\_
  - a. If yes, list names of any and all former spouses, dates of marriage, dates of divorce, or dates of death of former spouse(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Did Deceased leave a will? \_\_\_\_\_ If yes, please provide a copy
8. Was there a court action regarding Deceased's estate? \_\_\_\_\_
  - a. If yes, name the state and county in which it is of record \_\_\_\_\_
  - b. If yes, please provide a copy.
9. Were there or are there estimated to be any federal estate taxes owed by the Estate? \_\_\_\_\_
10. List below the children of the Deceased:

**NOTE: IF ANY OF DECEASED'S CHILDREN ARE DECEASED, PLEASE STATE SUCH AFTER THEIR NAME(S). IF ANY OF DECEASED'S CHILDREN ARE DECEASED, A SEPARATE INFORMATION SHEET MUST BE FILLED OUT FOR EACH INDIVIDUAL.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Adopted: Yes \_\_\_\_ No \_\_\_\_

Other parent of Deceased's child, if not Deceased's spouse at time of death: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Adopted: Yes \_\_\_\_ No \_\_\_\_

Other parent of Deceased's child, if not Deceased's spouse at time of death: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Adopted: Yes \_\_\_\_ No \_\_\_\_

Other parent of Deceased's child, if not Deceased's spouse at time of death: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Adopted: Yes \_\_\_\_\_ No \_\_\_\_\_

Other parent of Deceased's child, if not Deceased's spouse at time of death: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Adopted: Yes \_\_\_\_\_ No \_\_\_\_\_

Other parent of Deceased's child, if not Deceased's spouse at time of death: \_\_\_\_\_

Are all of Deceased's children age 18 and over? \_\_\_\_\_

11. **IF DECEASED WAS NEVER MARRIED AND HAD NO CHILDREN, OR IF DECEASED HAD NO LIVING SPOUSE OR CHILDREN (OR DESCENDENTS OF CHILDREN) AT THE TIME OF DEATH, LIST MOTHER AND FATHER, AND INDICATE IF STILL ALIVE.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Relationship \_\_\_\_\_

12. **IF THE DECEASED'S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS, INCLUDING ANY DECEASED SIBLINGS (i.e. Sister(s) / Brother(s)), AND INDICATE IF ALIVE OR NOT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Relationship \_\_\_\_\_

13. List below any real property Decedent owned at time of death:

\_\_\_\_\_  
\_\_\_\_\_

14. List below any other information you feel may be helpful:

\_\_\_\_\_  
\_\_\_\_\_

15. Please complete the following information for two disinterested, unrelated witnesses, who have knowledge of the facts contained in this information sheet but who will not inherit or stand to benefit directly or indirectly from making this affidavit:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number/area code first \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number/area code first \_\_\_\_\_