HEIRSHIP QUESTIONNAIRE

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

Full	l name of Deceased	
Date	e of death of Deceased	- Please provide copy of death certificate.
Cou	anty and state in which Deceased died	
Last	t known address of Deceased	
Full	l name of surviving spouse of Deceased	
a.	Date of marriage of Deceased and spouse	e
Was	s Deceased ever married to anyone else?	
a.	•	ouses, dates of marriage, dates of divorce, or dates of death
Did	Deceased leave a will?	If yes, please provide a copy
Was	s there a court action regarding Deceased's est	ate?
a.	If yes, name the state and county in which	h it is of record
b.	If yes, please provide a copy.	
υ.		
Wer List	t below the children of the Deceased:	estate taxes owed by the Estate?
Wer List	t below the children of the Deceased: TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE
Wer List NO' THI INF	t below the children of the Deceased: TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL.
Wer List NO' THI INF	t below the children of the Deceased: TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED THE	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL.
Wer List NO' THI INF Nan Add	t below the children of the Deceased: TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED me dress	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL.
Wer List NO' THU INF Nan Add	t below the children of the Deceased: TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED The the dress Adopted: Yes	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL.
Wer List NO' THU INF Nan Add	t below the children of the Deceased: TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED me dress e of birth Adopted: Yes ter parent of Deceased's child, if not Deceased	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL. No 's spouse at time of death:
Wer List NO' THI INF Nan Add Date Othe	TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED The Adopted: Yes ter parent of Deceased's child, if not Deceased	N ARE DECEASED, PLEASE STATE SUCH AFTER O'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL. No 's spouse at time of death:
Wer List NO' THI INF Nan Add Date Othe	t below the children of the Deceased: TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED THE	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL. No 's spouse at time of death:
Wer List NO' THI INF Nan Add Date Nan Add Date	t below the children of the Deceased: TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED The	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL. No 's spouse at time of death:
Wer List NO' THI INF Nan Add Date Nan Add Date	TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED THE THE SHEET MUST BE FILLED THE SHEET MUST BE FILL	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL. No 's spouse at time of death: No 's spouse at time of death:
Wer List NO' THI INF Nan Add Date Othe Nan	TE: IF ANY OF DECEASED'S CHILDRE EIR NAME(S). IF ANY OF DECEASE FORMATION SHEET MUST BE FILLED THE THE SHEET MUST BE FILLED THE SHEET MUST BE FILL	N ARE DECEASED, PLEASE STATE SUCH AFTER D'S CHILDREN ARE DECEASED, A SEPARATE OUT FOR EACH INDIVIDUAL. No 's spouse at time of death: No 's spouse at time of death:

Date of birth	Adopted: Yes No
Other parent of Decease	d's child, if not Deceased's spouse at time of death:
Name	
Address	
Date of birth	Adopted: Yes No
Other parent of Decease	d's child, if not Deceased's spouse at time of death:
Are all of Deceased's ch	nildren age 18 and over?
IF DECEASED WAS I	NEVER MARRIED AND HAD NO CHILDREN, OR IF DECEASED HAD NO
LIVING SPOUSE OF	R CHILDREN (OR DESCENDENTS OF CHILDREN) AT THE TIME OF
DEATH, LIST MOTH	IER AND FATHER, AND INDICATE IF STILL ALIVE.
Name	
Address	
Date of birth	
Relationship	
Name	
Name	
Name Address Date of birth	
NameAddress Date of birth	
NameAddress Date of birth Relationship	
Name Address Date of birth Relationship IF THE DECEASED'S	
Name Address Date of birth Relationship IF THE DECEASED'S INCLUDING ANY DE	S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS
Name Address Date of birth Relationship IF THE DECEASED'S INCLUDING ANY DE	S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS
Name Address Date of birth Relationship IF THE DECEASED'S INCLUDING ANY DE NOT Name	S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS CCEASED SIBLINGS (i.e. Sister(s) / Brother(s)), AND INDICATE IF ALIVE OF
Name Address Date of birth Relationship IF THE DECEASED'S INCLUDING ANY DE NOT Name Address	S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS CCEASED SIBLINGS (i.e. Sister(s) / Brother(s)), AND INDICATE IF ALIVE OF
Name Address Date of birth Relationship IF THE DECEASED'S INCLUDING ANY DE NOT Name Address Date of birth	S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS CCEASED SIBLINGS (i.e. Sister(s) / Brother(s)), AND INDICATE IF ALIVE OF
Name Address Date of birth Relationship IF THE DECEASED'S INCLUDING ANY DE NOT Name Address Date of birth Relationship	S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS CCEASED SIBLINGS (i.e. Sister(s) / Brother(s)), AND INDICATE IF ALIVE OF
Name Address Date of birth Relationship IF THE DECEASED'S INCLUDING ANY DE NOT Name Address Date of birth Relationship Name Name	S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS CEASED SIBLINGS (i.e. Sister(s) / Brother(s)), AND INDICATE IF ALIVE OF
Name Address Date of birth Relationship IF THE DECEASED'S INCLUDING ANY DE NOT Name Address Date of birth Relationship Name Address Address	S PARENTS ARE BOTH DECEASED, PROVIDE NAMES OF ALL SIBLINGS CCEASED SIBLINGS (i.e. Sister(s) / Brother(s)), AND INDICATE IF ALIVE OF

	ame
A	ddress
Da	ate of birth
Re	elationship
Na	ame
A	ddress
Da	ate of birth
Re	elationship
Li	st below any real property Decedent owned at time of death:
Li	st below any other information you feel may be helpful:
	ease complete the following information for two disinterested, unrelated witnesses, who have knowledge of
th	ease complete the following information for two disinterested, unrelated witnesses, who have knowledge of e facts contained in this information sheet but who will not inherit or stand to benefit directly or indirectly om making this affidavit:
the	e facts contained in this information sheet but who will not inherit or stand to benefit directly or indirectly
the fro	e facts contained in this information sheet but who will not inherit or stand to benefit directly or indirectly om making this affidavit:
the fro Na Ao	e facts contained in this information sheet but who will not inherit or stand to benefit directly or indirectly om making this affidavit:
the from Na Ac	e facts contained in this information sheet but who will not inherit or stand to benefit directly or indirectly om making this affidavit: ame