



CLAIM # _____

AFFIDAVIT OF HEIRSHIP

DO NOT COMPLETE THIS FORM IF THE DECEDENT LEFT A WILL THAT WAS PROBATED IN COURT OR IF THERE HAS BEEN SOME OTHER TYPE OF COURT DETERMINATION TO THE ESTATE.

You may use an attachment if additional space is required.

Affidavit of facts concerning the identity of Heirs for the estate of: _____
("Decedent")

BEFORE me, the undersigned authority, on this day personally appeared: _____ who, being first duly sworn upon his/her oath states:
("Affiant")

1.

MY NAME IS:	
I RESIDE AT:	
DECEDENT WAS MY(RELATION):	

I am personally familiar with the family and marital history of _____, and I have personal knowledge of the facts stated in this affidavit.
("Decedent")

2.

I KNEW THE DECEDENT	FROM:	UNTIL:	
DECEDENT DIED ON	MONTH:	DATE:	YEAR:
DECEDENT'S PLACE OF DEATH	CITY:	STATE:	COUNTY:
DECEDENT'S RESIDENCE AT TIME OF DEATH:	CITY:	STATE	COUNTY

3. Provide information on the decedent's marital history: **(If never married, indicate below.)**

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH

4. Provide the following information on the decedent's natural born and adopted children: **(If none, indicate below.)**

CHILD'S NAME & CURRENT ADDRESS	BIRTH DATE	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH

5. Provide the following information on the decedent's grandchildren, **born only to the deceased children in item 4 above.** ***(If none, indicate below.)***

GRANDCHILD'S NAME/ CURRENT ADDRESS	BIRTH DATE	NAME OF GRANDCHILD'S DECEASED PARENT

6. If the decedent never married and did not have any children, provide the following information on the decedent's parents:

DECEDENT'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	DATE OF PARENT'S DEATH
MOTHER	_____	
FATHER	_____	

7. Provide the following information on the decedent's brothers and/or sisters: ***(If none, indicate below.)***

BROTHER OR SISTER NAME/ CURRENT ADDRESS	BIRTH DATE	BROTHER/SISTER DATE OF DEATH

8. Provide the following information on the decedent's nieces and/or nephews **born only to the decedent's brothers/sisters in item 7 above:** ***(If none, please state below.)***

NIECE OR NEPHEW NAME/ CURRENT ADDRESS	BIRTH DATE	NIECE OR NEPHEW DECEASED PARENTS

The affiant acknowledges that he/she understands that filing a false affidavit constitutes a felony in this state.

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

EXECUTED this _____ day of _____, 20_____.

BY: _____
(Affiant)

Notary Signature: _____

My Commission expires: _____