

HEIRSHIP AFFIDAVIT INFORMATION

Please complete this form as fully as possible.

1. Decedent's full name: _____

2. Decedent's place and date of death:
City, County, State of death: _____
Date of death: _____
Cause of death: _____

3. Where did the Decedent live at the time of his/her death? (Include County)
City, County, State: _____ how long: _____

4. List all of Decedent's marriages and children:
First Marriage:
Name: _____ Date of Marriage: _____
Were decedent and first spouse divorced? Yes / No Date of divorce: _____
Did the spouse die before Decedent? Yes / No Date of death: _____
Were decedent and spouse still married at the time of the Deceased's death? Yes / No

Children born of or adopted into this first marriage:
Name: _____
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____
Name: _____
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

Second Marriage:
Name: _____ Date of Marriage: _____
Were decedent and spouse divorced? Yes / No Date of divorce: _____
Did the spouse die before Decedent? Yes / No Date of death: _____
Were decedent and spouse still married at the time of the Deceased's death? Yes / No

Children born of or adopted into this second marriage:
Name: _____
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____
Name: _____
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

*The above information is necessary for each marriage.
Please attach additional pages, if necessary.*

5. Did the Decedent have any CHILDREN OUT OF WEDLOCK? Yes / No
If yes, please give the following information:

Name: _____
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

Name: _____
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

6. Have ALL CHILDREN born to or adopted by or taken in and raised by Decedent been listed above?
Yes / No If no, please give the following information for any children that have not already been listed.

Name: _____
Circle One: Born to Decedent / Adopted by Decedent / Taken in and raised by Decedent
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

Name: _____
Circle One: Born to Decedent / Adopted by Decedent / Taken in and raised by Decedent
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

*The above information is necessary for each child.
If more room is necessary, please attach additional sheets of paper.
For each DECEASED child, an Information Sheet similar to this one must be completed.*

7. Did the Decedent have a will? Yes / No If yes, please attach a copy to this form.
Has it been probated anywhere? Yes / No If yes, where: _____ / _____ / _____
City / County / State

8. **ONLY COMPLETE IF DECEDENT WAS UNMARRIED AT TIME OF DEATH & HAD NO CHILDREN**
Is Decedent's Father still living? Yes / No

Name: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

Is Decedent's Mother still living? Yes / No

Name: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

Is Decedent's Sister/Brother still living? Yes / No

Name: _____
Current Marital Status: Married / Unmarried Name of Spouse: _____
Date of birth: _____ Phone: _____
Address (or date of death): _____

Name: _____

Current Marital Status: Married / Unmarried Name of Spouse: _____

Date of birth: _____ Phone: _____

Address (or date of death): _____

Name: _____

Current Marital Status: Married / Unmarried Name of Spouse: _____

Date of birth: _____ Phone: _____

Address (or date of death): _____

Name: _____

Current Marital Status: Married / Unmarried Name of Spouse: _____

Date of birth: _____ Phone: _____

Address (or date of death): _____

9. Person (closest available family member) who will sign Affidavit of Heirship:

Name: _____ Phone No. _____

Address: _____

Relationship to Decedent: _____ No. of Years acquainted with Decedent: _____

10. Name two (2) disinterested witnesses (not family members) who will sign the Affidavit of Heirship (TITLE GUIDELINE: EACH WITNESS SHOULD HAVE KNOWN DECEDENT 10+ YEARS):

Witness #1

Name: _____ Telephone No.: _____

Address: _____

Is this person a relative? Yes / No

Relationship to Decedent: _____ No. of Years acquainted with Decedent: _____

Witness #2

Name: _____ Telephone No.: _____

Address: _____

Is this person a relative? Yes / No

Relationship to Decedent: _____ No. of Years acquainted with Decedent: _____

The information you have provided will be used to prepare an Affidavit of Heirship which we will forward to you for review and execution. The Affidavit will be filed in the public records in the county in which the property is located. Your title company may require that the Affidavit be executed by an individual that is familiar with the Decedent but has no interest in the Decedent's estate.

**** PLEASE RETURN THIS FORM TO YOUR TITLE COMPANY ****

THERE IS NO NEED FOR SIGNATURES ON THIS FORM. WE ARE MERELY GATHERING INFORMATION NECESSARY TO PREPARE THE ACTUAL AFFIDAVIT.

Form Provided By:
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