TO BE FILLED OUT BY A DISINTERESTED THIRD PARTY!

AFFIDAVIT OF DEATH AND HEIRSHIP

STATE OF	_δ					
COUNTY OF	δ _δ					
Before me, the undersigned authoraffiant, and on oath sa statements hereinafter set forth, statement of the family history of	ys thathe is ovincluding answer	ver 21 years of s to questions	age and is not incapa propounded, constit	acitated in any w ute a true, correc	ay, and that the t and complete	
Name of decedent						
Date decedent died						
3. Did decedent leave a will?						
4. Has any administration procee						
5. If so, when?	Where?_					
6. Were there any unpaid debts o	r obligations due	by decedent a	t the time of his/her	death?		
7. If so, give the following inform	nation:					
To Whom Owning	Amo	unt N	Nature of Debt Par		d or Unpaid Now	
10. Was decedent married or sing 11. If married, to whom?			Date of	marriage		
12. Was decedent ever married to13. If so, give the following information			_			
Name of Spouse	Date of Marriage	Living or Dead	Divorced		Date of Death or Divorce	
14. If decedent had any children	by any spouse na Date of		Living	ormation: Date of	By Which	
Name of Child	Birth	Address	or Dead	Death	Spouse	
15. Did decedent ever adopt any 16. If so, give date of adoption ar						

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17. Was decedent the parent of	any illegitimate children?			
18. If so, give the information	as called for above:			
19.*If a deceased child left des	scendants, give the following	ng information:		
Name of Chi	lld Date of Birtl	h Address	Living or Dead	Date of Death
Name of Deceased Child				
Name of Deceased Child				
20.*Name of Parents Mother	Address		Living or Dead	Date of Death
Father				
21.*Names of brothers and sist	ters of decedent:			
Name	Relationship Ado	dress	Living or Dead Da	te of Death
Briefly state facts and circum will show basis and source of t				ecedent) which
STATE OF	δ			
COUNT (PARISH) OF	δ δ			
(Name of Affiant)	, of lawfu	l age, being first d	uly sworn, on oath states:	that this
affiant was well and personally	acquainted with	(Decedent)	in	_ lifetime; that
this affiant has read the forego statement contained therein is		eirship, knows the	contents hereof, and that	each and every
		(Af	fiant)	
SUBSCRIBED AND SWORN	TO BEFORE ME by the	,	•	
THIS day of	, 20	·		
My commission expires:		Notary Publi	ic in and for	
		notary Publi	ic iii aliu iof	

^{*}If additional space is required, use reverse side of this sheet.