

AFFIDAVIT OF HEIRSHIP

The claimant must next upload a copy of the completed affidavit to ClaimItTexas.gov.

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|-------------------------|---------------|
| Name of reported owner: | Claim number: |
|-------------------------|---------------|

Affidavit of facts concerning the identity of heirs for the estate of _____
NAME OF DECEASED PERSON (DECEDENT)

Before me, the undersigned authority, on this day personally appeared: _____
 who, being first duly sworn, upon his/her oath states: PERSON COMPLETING THIS FORM (WITNESS)

SECTION A. WITNESS INFORMATION

If additional space is needed for any of the fields below, please provide an attachment with the additional information.

1. My name is: _____

My current address is: _____

I have personal knowledge of the family history and facts of heirship of: _____
NAME OF DECEASED PERSON (DECEDENT)

I am **not the claimant**, and I will not benefit from the decedent's estate. True

The decedent was my _____. I knew the decedent for _____ years.
RELATIONSHIP

SECTION B. DECEDENT INFORMATION

2. Decedent died on _____
DATE OF DEATH

Decedent's residence at the time of decedent's death: _____
CITY STATE COUNTY

Decedent left a will: Yes No *If no, continue completing this form.*

If yes, was will probated?: Yes No *If yes, this form is not required and the claimant should submit the probated will. If no, continue completing this form. The claimant must provide a complete copy of the will along with this form.*

SECTION C. MARITAL AND FAMILY HISTORY

3. At the time of decedent's death, decedent was: Never married Married Divorced/widowed
List all marriages, including those that ended in divorce or death. Mark N/A if not applicable

| NAME OF SPOUSE | DATE OF MARRIAGE | DATE OF DIVORCE | DATE OF SPOUSE'S DEATH | CURRENT ADDRESS |
|----------------|------------------|-----------------|------------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

4. Did the decedent have any children (biological or adopted)? Yes No *If yes, complete information below. If no, proceed to #6*

| NAME OF CHILD | DATE OF BIRTH | NAME OF CHILD'S OTHER PARENT | CURRENT ADDRESS |
|---------------|---------------|------------------------------|-----------------|
| | | | |
| | | | |
| | | | |

5. Are any of the children listed in #4 deceased? Yes No *If yes, complete information below. If no, proceed to Section D – Attestation*

DECEASED CHILD INFORMATION

CHILDREN OF DECEASED CHILD

| NAME OF DECEASED CHILD | DATE OF DEATH | SURVIVING SPOUSE NAME (IF APPLICABLE) | IS SPOUSE ALIVE? Y/N | CHILD'S NAME DOB AND CURRENT ADDRESS | IS CHILD ALIVE? Y/N | CHILD'S OTHER PARENT (IF KNOWN) |
|------------------------|---------------|---------------------------------------|----------------------|--------------------------------------|---------------------|---------------------------------|
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6. Did the decedent have:
- a. A surviving spouse at time of death? Yes No
- b. Surviving children or children's descendants at time of death? Yes No

If yes to at least one of the above, proceed to Section D - Attestation

7. Provide the following information on the decedent's parents:

| NAME OF PARENT | IS THIS PARENT DECEASED? | IF YES, PROVIDE DATE OF DEATH | CURRENT ADDRESS |
|----------------|--------------------------|-------------------------------|-----------------|
| | | | |
| | | | |

8. Are either of the decedent's parents deceased? Yes No *If yes, complete information below. If no, proceed to Section D – Attestation*

9. Did the decedent have siblings? Yes No *If yes, complete information below. If no, proceed to Section D – Attestation*

List all siblings, including half or adopted. Do not include stepsiblings unless adopted.

| NAME OF SIBLING AND CURRENT ADDRESS | DATE OF BIRTH | SIBLING MOTHER NAME | SIBLING FATHER NAME |
|-------------------------------------|---------------|---------------------|---------------------|
| ----- | | | |
| ----- | | | |
| ----- | | | |

10. Are any of the siblings listed in #9 deceased? Yes No *If yes, complete information below. If no, proceed to Section D – Attestation*

DECEASED SIBLING INFORMATION

CHILDREN OF DECEASED SIBLING

| NAME OF DECEASED SIBLING | DATE OF DEATH | SURVIVING SPOUSE NAME (IF APPLICABLE) | IS SPOUSE ALIVE? Y/N | CHILD'S NAME DOB AND CURRENT ADDRESS | IS CHILD ALIVE? Y/N | CHILD'S OTHER PARENT (IF KNOWN) |
|--------------------------|---------------|---------------------------------------|----------------------|--------------------------------------|---------------------|---------------------------------|
| | | | | ----- | | ----- |
| | | | | ----- | | ----- |
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****Section D must be completed in front of a notary public****

SECTION D. ATTESTATION

I swear under penalty of perjury that the foregoing is true, accurate, and complete to the best of my knowledge.

Signed this _____ day of _____, _____.

SIGNATURE OF WITNESS BEFORE NOTARY

State of _____ County of _____

Sworn to and subscribed to before me on _____
DATE

by _____
PRINTED WITNESS NAME

NOTARY SIGNATURE

(Notary Seal)

My commission expires: _____ day of _____, _____

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