

HEIRSHIP QUESTIONNAIRE

This Questionnaire is designed to aid in collecting the information typically needed to complete an Heirship Affidavit. Please answer ALL questions clearly and completely. Provide FULL names when responding. Information provided in this questionnaire may be used by an attorney to prepare a legal document. Use the back of this form if additional space is necessary to complete an answer.

1. **Deceased's Full Name:** _____
Other names used by Decedent: _____
Address and city of Property: _____
Date of Birth: _____ Date of Death: _____
Decedent's Age at Death: _____
Person Requesting Affidavit: _____
Relationship to Decedent: _____
County & State where Decedent resided at the time of death:

2. Provide names of **TWO (2) disinterested witnesses** that will sign final affidavit, verifying that Affiant's statements in Affidavit are true (witnesses need not sign this questionnaire):

- **First Witness:** _____
Address: _____
Relationship to Decedent: _____
Number of years witness knew Decedent: _____
Phone #: _____ Email: _____
- **Second Witness:** _____
Address: _____
Relationship to Decedent: _____
Number of years witness knew Decedent: _____
Phone #: _____ Email: _____

3. **Attach copy of Death Certificate if you have one.**

4. **Did Decedent have a will?** _____

5. **Has there been any probate or administration filed with respect to Decedent's Estate?** _____ If yes, County & State where filed:
Cause No: _____

6. Marriages:

Complete the following, listing all spouse(s), addresses, and the dates and places of the respective marriage(s).

- Never married, yes or no? _____

First Marriage - Spouse's name: _____

Date and place of marriage: _____

Date & reason for termination of 1st marriage (i.e., death, divorce):

Place of termination of first marriage: _____

Second Marriage (if any) - Spouse's name: _____

Date and place of marriage: _____

Date & reason for termination of marriage (i.e., death, divorce):

Place of termination of marriage: _____

Third Marriage (if any) - Spouse's name: _____

Date and place of marriage: _____

Date & reason for termination of marriage (i.e., death, divorce):

Place of termination of first marriage: _____

7. List all Children:

List all children of Decedent, whether living or deceased (including adopted children or children taken into Decedent's home):

Children of the Decedent:

Name of oldest child: _____

Date & Place of birth: _____

Born of the Marriage or Adopted: _____

Other Parent: _____

Current Address: _____

Living or Deceased: _____ If deceased, when and where:

Name of next child: _____
Date & Place of birth: _____
Born of the Marriage or Adopted: _____
Other Parent: _____
Current Address: _____
Living or Deceased: _____ If deceased, when and where:

Name of next child: _____
Date & Place of birth: _____
Born of the Marriage or Adopted: _____
Other Parent: _____
Current Address: _____
Living or Deceased: _____ If deceased, when and where:

Name of next child: _____
Date & Place of birth: _____
Born of the Marriage or Adopted: _____
Other Parent: _____
Current Address: _____
Living or Deceased: _____ If deceased, when and where:

Name of next child: _____
Date & Place of birth: _____
Born of the Marriage or Adopted: _____
Other Parent: _____
Current Address: _____
Living or Deceased: _____ If deceased, when and where:

8. Any other pertinent facts important about the deceased:

