

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED WITH THE COUNTY CLERK

The claimant must file this completed affidavit in the County Clerk's record in the county of the decedent's residence.
 The claimant must then upload a file stamped copy of the completed affidavit to ClaimItTexas.gov.

Name of reported owner:	Claim number:
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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)

Name of reported owner:	Claim number:
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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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