

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.org.

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 yes, this form is not required, and the claimant should contact our office at 1-800-321-2274.*

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	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*

NAME OF SIBLING 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	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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