



IN THE MATTER OF  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="text-align: center; font-size: small;">(Decedent)</div>	<h2 style="margin: 0;">DECLARATION OF HEIRSHIP</h2> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(Decedent SSN)</span> <span>(Date of Death)</span> <span>(Date of Birth)</span> </div>
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**UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:**

1. What is your name, address and relationship to the decedent?

Name	Address	Relationship

2.  Decedent left a will dated \_\_\_\_\_  Decedent left a codicil dated \_\_\_\_\_  Decedent left NO will

3. If the decedent left a will,  a copy of the will is attached OR  I do not have a copy of the will. If a will exists you must provide a copy of the will. It may be obtained from the county probate court it was filed in.

4. Was the decedent survived by a spouse?  Yes  No  
 If YES, provide spouse's name \_\_\_\_\_ If deceased, date of death \_\_\_\_\_

5a. Did the decedent have any children (living or deceased; natural or adopted)?  Yes  No  
 If YES, list ALL names of decedent's children and their spouses (**including yours, if applicable**); if deceased, provide date of death.

Name of Decedent's Child(ren)	Date of Death	Name of their Spouse	Date of Death (if deceased)

5b. For each deceased child listed in 5a, list his or her name and the names of his or her child(ren) (living or deceased; natural or adopted). If the deceased child had no children, write NONE under "Name of Deceased Child's Child(ren)." If any of his or her children are deceased, provide the date of death of that child and the names of his or her descendants (living or deceased; natural or adopted) on an attached schedule.

Check if schedule attached

Name of Deceased Child (5a)	Name of Deceased Child's Child(ren)	Date of Death (if deceased)

6. If there was or is a surviving spouse (regardless of whether the surviving spouse is still living), are all of the decedent's children listed in 5a also the children of the surviving spouse?  Yes  No For example, a second marriage.  
 If NO, provide details:

7. Are there any persons listed in answers to questions 4 through 6 currently living?  Yes  No  
If YES, go directly to number 11 below; if NO, go to question 8.

8. Did the decedent leave surviving parents?  Yes  No If YES, list their names.

Name of Parent	Name of Parent

- 9a. If no surviving parent, did the decedent have siblings (brothers or sisters) (living or deceased; whole blood, half blood, adopted)?  Yes  No

If YES, list names of siblings and their spouses; if deceased, provide date of death.

Name of Sibling	Date of Death	Name of Sibling's Spouse	Date of Death

- 9b. For each deceased sibling listed in 9a, list his or her name and the names of his or her child(ren) (living or deceased; natural or adopted). If any of his or her children are deceased, provide date of death for that child and the names of his or her descendants (living or deceased; natural or adopted) on an attached schedule.

Check if schedule attached

Name of Deceased Sibling (9a)	Name of Deceased Sibling's Child(ren)	Date of Death

10. If there are no living persons listed in questions 4 through 9, list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent; if deceased, provide date of death. Please continue listing children of deceased persons until a living person is named on an attached schedule.

Check if schedule attached

MATERNAL (mother)	Name	Date of Death	PATERNAL (father)	Name	Date of Death
Grandfather:			Grandfather:		
Grandmother:			Grandmother:		
Descendants:			Descendants:		

## 11. DECLARATION

*Under penalties of law, I declare that the information provided on this form is true, correct, and complete to the best of my knowledge and belief.*

Name (please print)	Signature	Date