



IN THE MATTER OF _____
 (Decedent)

DECLARATION OF HEIRSHIP

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 but it is on file with the probate Court of _____ County.

4. Was the decedent survived by a spouse? Yes No
 If YES, provide spouse's name _____ SSN _____ 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 and Social Security numbers (SSN) of decedent's children and their spouses (**including yours, if applicable**); if deceased, provide date of death.

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

5b. For each deceased child listed in 5a, list his or her name, the names of his or her child(ren) (living or deceased; natural or adopted), and their SSN. 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 and SSN 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)	SSN	Date of Death

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

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 question 11; if NO, go to question 8.

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

Name of Parent	SSN	Name of Parent	SSN

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 and SSN of siblings and their spouses; if deceased, provide date of death.

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

9b. For each deceased sibling listed in 9a, list his or her name, the names of his or her child(ren) (living or deceased; natural or adopted), and their SSN. 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)	SSN	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. Signatures:

NOTARY PUBLIC

CLAIMANT

Sworn to and subscribed before me this _____
 day of _____, 20 ____ at

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.

 (County / State)

 (Printed Name)

 (Signature of Notary Public)

 (Signature)

My commission expires: _____

(Seal)

 (Date)