

PLEASE USE THE FOLLOWING GUIDELINES TO ENSURE THE AFFIDAVIT OF HEIRSHIP IS COMPLETED CORRECTLY:

1. The Affidavit of Heirship CANNOT be filled out by any party who stands to benefit from the Estate. Please refer to your attorney, CPA, other family members, family friend or acquaintance to complete the Affidavit.
2. Once the Affidavit of Heirship is completed, choose a person who is familiar with the deceased's family or marital history **AND** who does not stand to inherit from the deceased. This person should read through the completed Affidavit and, if they agree that the information is correct, sign page 6 of the document before a Notary Public.
3. All signatures in the Affidavit **MUST** be notarized.
4. The Affidavit **MUST** be recorded in the county where the wells are located.
5. Make sure to include the appropriate legal description for recording if required by the state. Confirm with the county clerk's office the necessary requirements.
6. Keep copies of the Affidavits and legal documents for your records.
7. Provide to HRR a copy of the recorded Affidavit including a legible recorder's stamp (along with other necessary documentation).
8. On a separate blank page, please list all heir with current addresses, phone/email and birth dates (if available). Also include a completed W-9 for each heir.

-ABOVE THIS LINE FOR OFFICIAL USE ONLY

AFFIDAVIT OF HEIRSHIP

For: _____

Legal Description:

County, State:

_____, residing at _____
(Name of Affiant) (Address)

_____, being first duly sworn, on oath deposes and
(City) (State) says that I have personal knowledge of the facts stated in
the affidavit and that the answers and other statements
hereinafter set out are true and correct.

- I. How long and how well were you acquainted with the decedent? _____
2. If related to decedent, state in what way. _____
3. When and where did decedent die? _____
4. Where was decedent's permanent residence at the time of his/her death? _____

5. How many times was decedent married? _____

6. Name and address of surviving spouse (if any). _____

residing at _____

7. If decedent was ever married, list in the following table each such marriage, indicating in each instance the date of marriage, the name of spouse, whether such marriage was terminated by death or divorce, the date of termination of the marriage, the address of each spouse now living, and (if dead) whether or not such spouse left a will:

Date of Marriage	Name of Spouse	Marriage Terminated by Death or Divorce	Date of Termination	Address if Living	If dead, did such spouse leave a Will

8. (a) To the best of my knowledge, decedent owned an interest in the real property described above. _____
(b) When was the property described at the beginning of the affidavit acquired by decedent? _____
(c) Was it acquired by gift, devise, inheritance, or purchase? (State which) _____
(d) If by purchase give the following information:
1. Which state did decedent reside when property was acquired? _____
2. Was the decedent married when such property was acquired? _____

If so, give the name of decedent's husband or wife. _____

If such husband or wife is now deceased, did such party leave a Will? _____

9. Did Decedent leave a Will? _____ (a) If yes, was the Will probated? _____

***If the will was admitted to probate, please provide copies of all probate documents.**

(b) If the will has not been probated, does the executor or administrator intend to probate the Will? _____

10. If decedent did not leave a Will, was any administration had on decedent's estate? _____

If so, name the counties and states in which administration was had and give the name and address of the administrator.

11. To your knowledge are there any debts or Federal estate or state inheritance taxes still owing by decedent's estate? _____
If so, will decedent's personal estate be sufficient, in your opinion, to pay such debts and taxes? _____
What is the estimated net value of the entire estate? _____

12. List in the following table the name of all children born to or adopted by decedent, whether living or dead, giving all other information called for in the table below. Any adopted children should be designated as such if decedent had no children, so state

Name of Child	Name of Child's Other Parent	Birthdate	Address	Living or Dead	If Dead, Give Date of Death

13. Give information called for in the following table concerning descendants of any deceased child of decedent (whether natural or adopted) if no descendants, so state.

Name of Deceased Child	Descendants	Birthdate	Address	living or Dead	If Dead, Give Date of Death

Descendants of deceased child of decedent If none, so state

Name of Deceased Brother or Sister	Descendants	Birthdate	Address	Living or Dead	If Dead, Give Date of Death

14. If decedent left no surviving child or descendant of a child, then list names of decedent's parents and brothers and sisters and give information called for in the following tables. If half-brother or sisters, state whether maternal or paternal.

	Name	Birthdate	Address	Living or Dead	If Dead, Give Date of Death
Father					
Mother					
Brother					
Brother					
Sister					
Sister					

Descendants of deceased brothers and sister. If none, so state.

Name of Deceased Brother or Sister	Descendants	Birthdate	Address	Living or Dead	If Dead, Give Date of Death

15. If decedent left no children or their descendants, or father or mother, or brothers or sisters or their descendant, then give the information called for in the following tables;:

	Name	Birthdate	Address
Paternal Grandfather			
Paternal Grandmother			
Maternal Grandfather			
Maternal Grandmother			

Name	Uncle or Aunt	Birthdate	Paternal or Maternal	Address	Living or Dead	If Dead Give Date of Death

Name of Deceased Uncle or Aunt	Descendants	Age	Address	Living or Dead	If Dead Give Date of Death

Signature of Affiant

THE STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was subscribed and sworn before me on this the _____ day of _____, 20__,
by _____

Notary Public, State of _____

My Commission Expires:
Printed Name of Notary:

AFFIDAVIT CORROBORATING AFFIDAVIT OF HEIRSHIP

THE STATE OF _____ §
COUNTY OF _____ §

_____, of lawful age, being first duly sworn, upon his or her oath states that the information given in the above and foregoing affidavit is true, to the personal knowledge of this affiant.

Signature of Corroborating Affiant

The foregoing instrument was subscribed and sworn before me on this the _____ day of _____ 20__,
by _____

Notary Public, State of _____

My Commission Expires:
Printed Name of Notary: