

**PROOF OF DEATH AND HEIRSHIP**  
(FILL IN ALL BLANKS)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, address: \_\_\_\_\_

of lawful age, being first duly sworn according to law, on oath says:

That the statements hereinafter set forth, including answers to questions propounded, constitute a true, correct and complete statement of the family history of the person hereinafter named as "decedent" and of the estate of such decedent.

Name of Decedent \_\_\_\_\_

Date decedent died \_\_\_\_\_ Where? \_\_\_\_\_

Did decedent leave a will? \_\_\_\_\_ If so, has same been probated? \_\_\_\_\_

Or has other administration proceedings been had on decedent's estate? \_\_\_\_\_

If so, when? \_\_\_\_\_ Where? \_\_\_\_\_

Were there any unpaid debts or obligations due by decedent at the time of death? \_\_\_\_\_

If so, give the following information:

To Whom Owing	Amount	Nature of Debt	Paid-Unpaid now

Was decedent surety on any bond at the time of his death? \_\_\_\_\_

Were there any suits pending, or any judgments rendered in any court, against decedent at the time of death?

If so, state briefly the nature, amount involved and parties to the action:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were decedent's minerals inherited? \_\_\_\_\_ If no, date minerals were acquired: \_\_\_\_\_

Was decedent single, married, divorced or widowed at time of death?

If married, to whom? \_\_\_\_\_ Date of marriage: \_\_\_\_\_

Was decedent ever married to any other than above-named person? \_\_\_\_\_

If so, give the following information: List names in order of marriage)

Name /Address of Spouse	Living or Dead	Divorced	Date of Death or Divorce

If decedent had children by any person, or adopted any children, give the following information:

Name of Child	Age	Address	Living – Dead	Date Death	By Which Person

If a deceased child left descendants, give the following information:

Name of deceased child	Name of Child	Age	Address	Living – Dead	Date of Death
Spouse /Address:					

Name of deceased child	Name of Child	Age	Address	Living – Dead	Date of Death
Spouse / Address:					

**In case decedent left no children or descendants of deceased children, then please furnish the following information:**

Name of Parents	Address	Living – Dead	Date of Death
Father			
Mother			

Give names of brothers and sisters of decedent:

Name	Relation	Address	Living – Dead	Date of Death

Give names of children of deceased brother or sister:

Name of Child	Child of	Age	Address	Living – Dead

Legal description of the property owned by the deceased (include Section, Township, Range and County(ies) and State: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Here briefly state facts and circumstances (such as being a relative of, or attorney or agent for, deceased) which will show basis and source of information hereinbefore given:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of month \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

SUPPORTING AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, of lawful age, being first duly sworn, on oath states:

That this affiant was well and personally acquainted with \_\_\_\_\_  
in \_\_\_\_\_ lifetime (being the person described as "decedent" in the Proof hereinabove set forth); that this affiant has read the foregoing Proof of Death and Heir ship, knows the contents thereof, and that each and every statement therein contained is true, to the best of affiant's knowledge and belief.

\_\_\_\_\_  
Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of month \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_