

# Proof of Death and Heirship

STATE OF \_\_\_\_\_ }  
 COUNTY OF \_\_\_\_\_ } ss.

\_\_\_\_\_, of \_\_\_\_\_  
 of lawful age, being first duly sworn, according to law, deposes and says that \_\_\_\_\_ was well and personally acquainted with  
 \_\_\_\_\_  
 during \_\_\_\_\_ lifetime; that the said \_\_\_\_\_  
 departed this life at or near \_\_\_\_\_  
 in the County of \_\_\_\_\_, State of \_\_\_\_\_  
 on \_\_\_\_\_, being \_\_\_\_\_ years of age at the time of \_\_\_\_\_ death.

The said decedent was the owner of the following described land, situated in \_\_\_\_\_ County,  
 State of \_\_\_\_\_, to-wit:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was this land occupied as the homestead of the decedent? \_\_\_\_\_  
 Is this land now occupied as the homestead of decedent's survivors? \_\_\_\_\_

Affiant further swears that the following is a true, correct and complete statement of the family history of said decedent, and shows who are the sole and only heirs at law.

Was the deceased married or single? \_\_\_\_\_ Is such husband or wife now living? \_\_\_\_\_  
 Name of husband or wife \_\_\_\_\_  
 If dead give date of death \_\_\_\_\_  
 If married more than once, so state, giving names \_\_\_\_\_

Did deceased ever have any children? \_\_\_\_\_ If so, how many? \_\_\_\_\_

If deceased had any children, name all of them, both living and dead, and give all information called for on the following blanks:

NAME OF HEIR	RELATIONSHIP	AGE	P. O. ADDRESS	LIVING OR DEAD	DATE OF BIRTH

State whether or not deceased heirs left any descendants, giving names and ages.  
 \_\_\_\_\_  
 \_\_\_\_\_

Did the decedent leave a will or wills disposing of any part of \_\_\_\_\_ property? \_\_\_\_\_  
 Approximate value of estate \_\_\_\_\_  
 Was there an administration of the estate of the decedent? \_\_\_\_\_  
 If so, where was the administration had? \_\_\_\_\_

Affiant further states that he knows of his own personal knowledge that all debts against the estate of the decedent have been fully paid and discharged.

\_\_\_\_\_ (SEAL)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

My commission expires \_\_\_\_\_ Notary Public