



## ARKANSAS UNCLAIMED PROPERTY AFFIDAVIT OF HEIRSHIP

An affidavit of heirship ("Affidavit") can be used to establish the heirs of a deceased person ("Decedent") when there is **no probated will or estate**. Probate is the process of proving the will, which usually entails filing the will with the county courthouse. The Affidavit should only be used in the absence of a probated will or estate. You may attach additional pages for any section below if more space is required. You will be required to provide copies of death certificates for any deceased individual(s).

**The claimant understands that filing a false affidavit constitutes a felony in this state and may result in criminal action as well as legal proceedings to recover any proceeds paid pursuant to a false affidavit in addition to related damages.**

### UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:

Section 1. Please complete all the following fields:

Claimant's Name	Claimant's Address	Claim ID#
Decedent's Name	Date of Death	Relationship to Decedent

Section 2. Did the Decedent leave a probated will or estate? If the Decedent left a probated will, a copy must be included with your Claim. **Do not proceed with the Affidavit of Heirship if there is a probated will or estate.**

Yes ☐

No ☐

Section 3. Was the Decedent legally married at the time of death?

Yes ☐

No ☐

Section 3a. If **YES**, list the spouse's name; if now deceased, provide date of death:

Name of Decedent's Spouse at time of Death:	Spouse's Date of Death (if applicable)

Section 4. Did the Decedent have children (living or deceased, natural or adopted)?

Yes ☐

No ☐

Section 4a. If **YES** list the names of ALL Decedent's children and their spouses\* (including yours if applicable); if now deceased, provide date of death:

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

\* If more space is needed, you may attach an additional page to your claim.

☐ Check this box only if additional pages are attached.

**Section 4b.** Only complete Section 4b if there are deceased children of the Decedent listed in Section 4a (above). List his/her name, as stated in Section 4a, in the first column below. In the second column, list the name(s) of the deceased child's child(ren) (living or deceased; natural or adopted). If the deceased child had no children, write NONE.

If any of the deceased child's children are also deceased, provide the date of death of that individual in the third column and the names of his/her child(ren) (living or deceased; natural or adopted) on an attached page\*.

Name of Deceased Child from Section 4a	Name of Deceased Child's Child(ren)	Date of Death

\* If more space is needed, you may attach additional pages to your claim.

☐ Check this box only if additional pages are attached.

**Section 5.** Are any persons listed in any of the answers to Sections 3a through 4b currently living? If **YES**, you may skip Sections 6-8 and go directly to Section 9 below; if **NO**, continue to Section 6.

Yes ☐

No ☐

**Section 6.** Did the Decedent have surviving parents at his/her time of death?

Yes ☐

No ☐

**Section 6a.** If **YES**, list the Decedent's surviving parents' names; if now deceased, provide date of death:

Decedent's Mother:	Date of Death (if applicable)
Decedent's Father:	Date of Death (if applicable)

**Section 7.** If there was no surviving parent in Section 6a, did the Decedent have siblings (brothers or sisters) (living or deceased; whole-blood, half-blood, adopted)?

Yes ☐

No ☐

**Section 7a.** If **YES**, list the names of all siblings and their spouses\*; if any of those individuals are deceased, provide their date of death.

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

\* If more space is needed, you may attach additional pages to your claim.

☐ Check this box only if additional pages are attached.

**Section 7b.** *Only complete Section 7b if there are deceased siblings listed in Section 7a (above).* List his/her name, as Stated in Section 7a, in the first column. In the second column, list the names of his/her child(ren) (living or deceased\*; natural or adopted). If any of the deceased sibling's children are also deceased, provide date of death for the sibling's child, and provide the names of his/her child(ren) (living or deceased; natural or adopted) on an attached page.

Name of Deceased Sibling	Deceased Sibling's Children	Date of Death

\* If more space is needed, you may attach additional pages to your claim.

☐ Check this box only if additional pages are attached.

Section 8. If there are no living persons listed in Sections 3a through 7b, list the names of the Decedent's 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 page.

MATERNAL Name	Date of Death	PATERNAL Name	Date of Death
Grandmother:		Grandmother:	
Grandfather:		Grandfather:	
Descendants:		Descendants:	

☐ Check this box only if additional pages are attached.

(Complete **Declaration**, below, in front of Notary)

Section 9.        **DECLARATION:**

**I declare under penalty of perjury under the law of the State of Arkansas that the foregoing is true, correct, and complete to the best of my knowledge and belief.**

Claimant Name (print)	Signature	Date
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**NOTARY SECTION**

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

**SUBSCRIBED AND SWORN TO** before the undersigned Notary Public on this \_\_\_\_\_ **day** of \_\_\_\_\_,

20\_\_\_\_.

Notary Signature \_\_\_\_\_ Notary Name (print) \_\_\_\_\_

My Commission Expires \_\_\_\_\_

[Notary Seal]