AFFIDAVIT OF DUAL HEIRSHIP

An affidavit of <u>dual heirship</u> can be used to establish the heirs of deceased persons ("decedents") when there is no probated will or estate. The affidavit of <u>dual heirship</u> must show the family bloodline and cannot skip a generation. To use an affidavit of <u>dual heirship</u> for this purpose please follow the instructions below:

- 1. The person signing the affidavit of heirship cannot be an heir. (i.e., signor is a friend of the family or acquaintance)
- 2. The signature of the person signing the affidavit of heirship must be **notarized** (signed in front of the notary).
- 3. List all heirs at the time of the decedents' death. Use additional pages, if necessary. (i.e., list all children)
 - a. If any of the heirs are now deceased, please label the person as "deceased."
- 4. Provide copies of both **death certificates** along with the affidavit of <u>dual heirship</u>.

Red text has been inserted for instructional purposes only. Claimants should complete with relevant data.

		<u> </u>			
Family Friend Father's Date of Death, and		th that I am familiar with(mother), who died on _	Mother's Date		
and belief, I swear that all child	dren born of both paren	ts above, are listed below,	and are entitled	to inherit:	
Name	Address City & State				Relationship
1. Birth child of both parents li	sted above, if deceased,	note "deceased" by name.			
2. Birth child of both parents lis	sted above, if deceased,	note "deceased" by name.			
3. Birth child of both parents lis	sted above, if deceased,	note "deceased" by name.			
4					
5					
6					
And further declare that I am NOT AN HEIR TO THE DECEASED PERSON. Signature of Family Friend - Signed in Front of Notary: Printed Name of Family Friend Family Friend					iend's Phone Number
<u>front of Notary</u> Signature	Date	Printed Name		Telephone I	Number
STATE OFSUBSCRIBED AND SWORN TO	Entire sect	OTARY SECTION ion to be completed by No	COUNTY OF		20
	_		uay 01		
Notary signature					
My commission expires:					

[Notary Seal]