

HEIRSHIP AFFIDAVIT INFORMATION FORM

THIS IS AN INFORMATION FORM ONLY – THIS IS NOT THE AFFIDAVIT OF HEIRSHIP. THE INFORMATION YOU PROVIDE ON THIS FORM WILL BE USED IN PREPARING THE AFFIDAVIT OF HEIRSHIP. PLEASE PRINT ALL INFORMATION.

1. Decedent's full name: _____

2. Decedent's place and date of birth:

Place of birth (city/state/country): _____

Date of birth: _____

3. Decedent's place and date of death:

Place of death (city & state): _____

Date of death: _____

4. Where did the Decedent live at the time of his/her death?

Complete Address: _____

At date of death decedent was:

Married Widowed Divorced Never Married

Decedent's age at death: _____

5. Did the Decedent have a Will? Yes No

Has it been located? Yes No

Has it been probated anywhere? Yes No

Date Will was signed: _____

IF THERE WAS A WILL, PLEASE ATTACH A COPY TO THIS FORM.

6. Decedent's children: (This information is necessary for each child. If more room is needed, please attach additional sheets of paper).

a. Name: _____

Complete Address: _____

Date of Birth: _____

Name of other Parent: _____

b. Name: _____

Complete Address: _____

Date of Birth: _____

Name of other Parent: _____

c. Name: _____

Complete Address: _____

Date of Birth: _____

Name of other Parent: _____

d. Name: _____

Complete Address: _____

Date of Birth: _____

Name of other Parent: _____

e. Name: _____

Complete Address: _____

Date of Birth: _____

Name of other Parent: _____

7. Did the Decedent have any children out of wedlock? Yes No

(This information is necessary for each child born out of wedlock. If more room is needed, please attach additional sheets of paper.)

If yes, please provide the following information:

Name of Child: _____

Is this child still living? _____

If deceased, please give the date of death: _____

Complete Address: _____

Date of Birth: _____

8. Have all children ever born to or adopted by Decedent been listed above?

____ Yes ____ No (If no, please give the following information for any children that have not been listed in number 5, or 6 above.)

Name of Child: _____

Is this child still living? _____

If deceased, please give the date of death: _____

Complete Address: _____

Date of Birth: _____

(This above-information is necessary for each child. If more room is necessary, please attach additional sheets of paper.)

9. List ALL children of Decedent who are now deceased:

a. Name: _____

Date of Birth: _____

Date of Death: _____

Name of other Parent: _____

b. Name: _____

Date of Birth: _____

Date of Death: _____

Name of other Parent: _____

10. List all of Decedent's marriages: *(This information is necessary for each marriage. If more room is needed, please attach additional sheets of paper.)*

First Marriage:

Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Were decedent and spouse still married at the time of the Deceased's death? _____

Were they divorced? _____

If so, please give date of divorce and place of divorce. _____

Did the spouse die before Decedent? _____

If so, provide date of death: _____ Place of death _____

Second Marriage:

Spouse: _____

Date of Marriage: _____

Place of Marriage: _____

Were decedent and spouse still married at the time of the Deceased's death? _____

Were they divorced? _____

If so, please give date of divorce and place of divorce. _____

Did the spouse die before Decedent? _____

If so, provide date of death: _____ Place of death _____

- 11. DID THE DECEASED RECEIVE MEDICAID BENEFITS AFTER MARCH 1, 2005, FOR SERVICES AT A NURSING FACILITY, INTERMEDIATE CARE FACILITY, OR A MEDICAID WAIVER PROGRAM, LIKE COMMUNITY LIVING ASSISTANCE PROGRAM? _____ YES _____ NO**

IF YOU ANSWERED YES, PLEASE CONTACT THE TITLE COMPANY AND ASK FOR THE TEXAS MEDICAID ESTATE RECOVERY PROGRAM FORMS.

- 12. If the Decedent did not leave any children, then list the following: *(You do not need to fill in the section if the Decedent had children!)***

Father: _____

Is he still living? _____

If he is deceased, please give date of death: _____

If he is still living, please give address: _____

Mother: _____

Is she still living? _____

If she is deceased, please give date of death: _____

If she is still living, please give address: _____

Sister or Brother: _____

Is he/she still living? _____

If he/she is deceased, please give date of death: _____

If he/she is still living, please give address: _____

Sister or Brother: _____

Is he/she still living? _____

If he/she is deceased, please give date of death: _____

If he/she is still living, please give address: _____

13. PROPERTY OWNED BY THE DECEASED AT THE TIME OF DEATH: Please attach Legal Description.

The deed to any property owned by the deceased at the time of death will have a legal description. You may send a copy of the deed or write the legal description from the deed below.

At the time of death, was the property the homestead of the deceased:

____ Yes ____ No

Legal Description of deceased's property: (Homestead)

Address: _____

Lot _____ Block _____, Section _____

(Other Property)

Address: _____

Lot _____ Block _____, Section _____

QUALIFICATIONS FOR A WITNESS

PARTIES WHO WILL SIGN THE HEIRSHIP AFFIDAVIT (3 WITNESSES): ONLY ONE FAMILY MEMBER MAY SIGN THE AFFIDAVIT; THE OTHER TWO WITNESSES NEED TO BE SOMEONE WHO KNEW THE DECEASED FOR AT LEAST 10 YEARS.

WITNESS #1:

Name: _____

Address: _____

Telephone number: _____

What year did the relationship with deceased begin? _____

How is witness related to or how does witness know the Deceased? _____

WITNESS #2:

Name: _____

Address: _____

Telephone number: _____

What year did the relationship with deceased begin? _____

How is witness related to or how does witness know the Deceased? _____

WITNESS #3:

Name: _____

Address: _____

Telephone number: _____

What year did the relationship with deceased begin? _____

How is witness related to or how does witness know the Deceased? _____