Comptroller of Public Accounts FORM 53-111-A (Rev.4-07/3)

Link to 53-111-B

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED IN THE COUNTY CLERK'S RECORD.

Reported owner name:	Claim number:

This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination to the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: _____

Before me, the undersigned authority, on this day personally appeared: _____ ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: _____.

   I live at: _____

   I am personally familiar with the family and marital history of: _____ (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from _____ until _____ Decedent died on _____ .

   Decedent's place of death: _____
   CITY STATE COUNTY

   At the time of decedent's death, decedent's residence was: _____
   CITY STATE COUNTY

3. Provide the following information on the deceased's marital history:
   (If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH

4. Provide the following information on the deceased's natural born and adopted children:
   (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH

5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:
   (If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT

6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER		
FATHER		

Reported owner name:	Claim number:

7. Provide the following information on the deceased's brothers and/or sisters:
(If there are none, please state that below.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	BROTHER'S OR SISTER'S DATE OF DEATH

8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:
(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF NIECE OR NEPHEW/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF NIECE OR NEPHEW'S DECEASED PARENT

Signed this ____ day of _____, _____.

_____
(SIGNATURE OF AFFIANT)

State of _____

County of _____

Sworn to and subscribed to before me on _____
(DATE)

by _____
(NAME OF AFFIANT)

_____
(NOTARY SIGNATURE)

(Notary Seal) My commission expires: _____ day of _____, _____.

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