

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT,  
IN AND FOR LEON COUNTY, FLORIDA

IN RE: THE ESTATE OF:

PROBATE DIVISION

CASE NO:

Deceased.

\_\_\_\_\_ /

**AFFIDAVIT OF HEIRS**

State of \_\_\_\_\_

County of \_\_\_\_\_

For purposes of this document, you must list ALL RELATIVES (as indicated below) of the decedent, including yourself, if applicable. If the relative was deceased at the time of the decedent's death, please provide the deceased relative's name, indicate deceased, and approximate date of death. When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

**WHO ARE YOU?**

\_\_\_\_\_ 1. Name \_\_\_\_\_  
Address and telephone number  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am \_\_\_\_\_ am not \_\_\_\_\_ related to the decedent as follows \_\_\_\_\_.

I have known the decedent for \_\_\_\_\_ years.

Decedent \_\_\_\_\_ died on \_\_\_\_\_.

**WHO IS THE DECEDENT'S SPOUSE AT THE TIME OF DEATH?**

\_\_\_\_\_ 2. Spouse of the Decedent. Provide name and address; or if deceased, provide name, indicate deceased, and approximate date of death.

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is Spouse Deceased? \_\_\_\_\_ Yes or \_\_\_\_\_ No.

Date of Death: \_\_\_\_\_.

**WHO ARE THE DECEDENT'S CHILDREN AND GRANDCHILDREN?**

- \_\_\_\_\_ 3.a. Children of the Decedent (Provide name and address; or if deceased, provide name, indicate deceased, and approximate date of death). If any of the children are NOT biologically related to BOTH the decedent and the spouse at the time of death, provide the name of that particular child's other biological parent.

Children Names and Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ 3.b. List the full name of grandchildren of the Decedent's children, making sure to provide the name of such grandchild's parents, and include the address for each grandchild.

Grandchildren Names and Addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO ARE THE DECEDENT'S PARENTS?**

- \_\_\_\_\_ 4. Parents of the Decedent. (Provide name and address; or if deceased, provide name, indicate deceased, and approximate date of death).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHO ARE THE DECEDENT'S SIBLINGS?**

- \_\_\_\_\_ 5. Siblings and descendants of deceased siblings. You must indicate whether the relationship is that of a full sibling or a half-relative (i.e. half-brother or half-sister).

(Provide name and address; or if deceased, provide name, indicate deceased, and approximate date of death).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Print Name of Affiant

\_\_\_\_\_  
Address of Affiant

State of \_\_\_\_\_

City of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Personally known

\_\_\_\_\_ Produces identification

Type of identification:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public or Deputy Clerk

\_\_\_\_\_  
Print, type or stamp commissioned name of Notary or deputy clerk