

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, 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