IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT

IN AND FOR \_\_\_\_\_\_\_\_\_\_\_\_\_ 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, indicated 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

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

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 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 Decedent:** (Provide names and addresses; 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:**

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

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\_\_\_\_\_\_ 3.b. **Grandchildren of Decedent:** 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:**

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

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**WHO ARE THE DECEDENT’S PARENTS?**

\_\_\_\_\_\_ 4. **Parents of the Decedent.** (Provide names and addresses; or if deceased, provide

 name, indicate deceased, and approximate date of death.)

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

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**WHO ARE THE DECEDENT’S SIBLINGS?**

\_\_\_\_\_\_ 5. **Siblings of Decedent 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.)

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

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 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

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

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

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 Address of Affiant

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

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

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

SUBSCRIBED and SWORN before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_Personally known \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_Produced identification

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

Type of identification: Print, type or stamp commissioned name of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY or DEPUTY CLERK