

AFFIDAVIT OF HEIRSHIP

For mineral interests of _____ (Owner Name)

Affiant affirms to the best of her/his knowledge the following facts are true concerning the deceased, _____ (Owner Name) _____ (Owner Number)

1. Affiant's name, age, & present address:

Name of Affiant	Street Address	City, State Zip	Age

2. Length of acquaintance with the deceased: _____

3. Relationship to the deceased: _____

4. Date of deceased's death, (or approximate): _____

5. Did deceased leave a Last Will and Testament: _____

6. Was there administration (probate) of the deceased's Estate: **YES** **NO**

7. If Yes, Probated, Location of Probate: _____

Is Probate pending or concluded: _____

Name of Administrator/Executor	Street Address	City, State Zip

7. If the Estate was not administered (probated), were all federal, state, county and municipal taxes legally levied upon the real and personal property in the Estate and of the deceased paid in full: **YES** **NO**

Please list any outstanding debts below:

Creditor Name	Amount of Debt

8. Spouse(s) of the deceased:

Name of Spouse	Approx Date of Marriage	Approx Date of Divorce	Living or Deceased	Approx Date of Death

9. Any deceased spouse of the deceased (from No. 8 above):

Name of Deceased Spouse	Was there a Last Will & Testament	Was the Estate Administered (Probated)	Location of Administration (Probate)

10. Children of the deceased (Include all Living & Deceased Children):

Full Name of Child	Address	Age	Living or Dec'd	Approx Date of Death	Other Parent

Note: You can attach more family history on separate piece of paper.

11. Any deceased child of the deceased (from No. 10 above):

Name of Deceased Child	Was there a Will	Was the Estate Probated	Name of Surviving Spouse	Surviving Spouse's Address	Name of Surviving Issue (Children)	Age	Address of Surviving Issue

12. Parents of the deceased:

Name of Parent	Street Address	City, State Zip	Living or Deceased	Approximate Date of Death

13. Brothers and Sisters of the deceased:

Name of Sibling	Street Address	City, State Zip	Age	Living or Deceased	Approximate Date of Death

14. Any deceased brother or sister of the deceased (from No. 13 above):

Name of Deceased Sibling	Was there a Will	Was the Estate Probated	Name of Surviving Spouse	Spouse's Address	Name of Surviving Issue (Children)	Age	Address of Surviving Issue

Full legal description of property owned by the deceased (include Section, Township, Range and County(ies) and State:

LEGAL DESCRIPTION: Section-Township-Range: _____

County _____ **State** _____

Signature of Affiant:

STATE OF _____)
) ss
 COUNTY OF _____)

INDIVIDUAL ACKNOWLEDGMENT

Before me, the undersigned, a Notary Public, in and for said County and State, on this ____ day of _____, 20__, personally appeared _____, personally known to me to be the identical person who executed the foregoing instrument, and acknowledged to me that he executed the same as his free and voluntary act and deed, for the uses and purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my official signature and affixed my official seal the day and year first above written.

My Commission Expires: _____

 Notary Public