**AFFIDAVIT OF HEIRSHIP**

***(NOTE: Please print legibly or type)***

**OWNER NAME, deceased**

**Property: Including, but not limited to:**

**Township - Range – Section :**

**Including but not limited to the above whether described or not located in:**

**County, Wyoming**

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1. **DECEDENT**

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| --- | --- | --- |
| **Date of Death** | **Age at Death** | **Residence** |
|   |   |   |
|   |   |   |

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1. **WILL/PROBATE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Did decedent leave a will? | YES  |  |  | NO |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  If YES, has Will been admitted probate? | YES  |  |  | NO |  |

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1. **ESTATE ADMINISTRATION**

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| --- | --- | --- | --- | --- | --- |
|  Has someone been appointed to administer the estate? |  YES |  |  | NO |  |
|  If YES, give name and address |   |   |   |   |   |
|  |  |  |   |   |   |   |   |
|  |  |  |   |   |   |   |   |

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|  **County and State in which** | **COUNTY/PARISH** | **STATE** |
|  **administration proceedings are** |   |   |
|  **pending or are completed.** |   |   |

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| --- | --- | --- | --- | --- | --- |
|  To your knowledge, are there any debts still owed by the decedent's estate? | YES |   |  | NO |   |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  If so, will the decedent's personal estate be sufficient, in your opinion, to pay such debts? | YES |   |  | NO |   |

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1. **MARITAL HISTORY OF DECEDENT**

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| --- | --- | --- | --- | --- |
| **NAME(S) & ADDRESS OF SPOUSE(S)****(IF NONE, PRINT "NONE")** | **MARRIAGE DATES** | **MARRIAGE****ENDED BY** | **DATE OF****DIVORCE** | **DATE OF** **DEATH** |
|  | **FROM** | **TO** |  |  |  |
|  |  |  |  **DEATH** |  |  |
|  |  |  |  **DIVORCE** |  |  |
|  |  |  |  **DEATH** |  |  |
|  |  |  |  **DIVORC**E |  |  |

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1. **GIVE NAMES AND REQUESTED INFORMATION FOR ALL CHILDREN OF THE DECEDENT (INCLUDING LEGALLY ADOPTED CHILDREN).**

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| --- | --- | --- | --- |
| **CHILD'S NAME****(IF NONE, PRINT "NONE")** | **Date of** **Birth** | **Date of****Death** | **MAILING ADDRESS** |
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**6. GIVE INFORMATION CONCERNING DESCENDANTS OF ANY DECEASED CHILD (WHETHER NATURAL OR ADOPTED). IF NO DESCENDANTS, SO STATE: \_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF DECEASED CHILD** | **DESCENDANTS NAME AND ADDRESS** | **DATE OF BIRTH** | **STATE IF LIVING OR DECEASED** | **DATE OF** **DEATH** |
|  |  |  |  **LIVING** |  |
|  |  |  |  **DECEASED** |  |
|  |  |  |  **LIVING** |  |
|  |  |  |  **DECEASED** |  |
|  |  |  |  **LIVING** |  |
|  |  |  |  **DECEASED** |  |

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**7. GIVE NAMES AND REQUESTED INFORMATION FOR PARENTS, GRANDPARENTS, BROTHERS AND SISTERS.**

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| **NAME****(IF NONE, PRINT "NONE")** | **Relationship****to Decedent** | **Date of****Death** | **MAILING ADDRESS** | **PARENT'S NAMES** |
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State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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County/Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of lawful age, being first duly sworn, upon my oath depose and say:

 That I am familiar with the family of the presently named decedent and was personally well acquainted with the decedent during his/her lifetime, having known him/her for \_\_\_\_\_\_ years, and that I bear the relationship of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 I further represent that the above statements and information given are based upon my personal knowledge and are true and correct.

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

 SIGNATURE

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

 MAILING ADDRESS

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

 CITY/STATE/ZIP CODE

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

 TELEPHONE NUMBER

 Subscribed and sworn to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_.

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

 (NOTARY AS WITNESS)

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

 Expiration of Commission

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 **(FOR NOTARY USE ONLY)**

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

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County/Parish of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 This Instrument was acknowledged before me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Name of Person(s)

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

 Signature of Notarial Officer

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

 Title (and Rank)

(Seal)

 My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_