**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**

|  |
| --- |
|  |

1. **DECEDENT**

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

|  |
| --- |
|  |

1. **WILL/PROBATE**

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

|  |
| --- |
|  |

1. **ESTATE ADMINISTRATION**

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |

|  |
| --- |
|  |

1. **MARITAL HISTORY OF DECEDENT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  |

|  |
| --- |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **CHILD'S NAME**  **(IF NONE, PRINT "NONE")** | **Date of**  **Birth** | **Date of**  **Death** | **MAILING ADDRESS** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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** |  |

|  |
| --- |
|  |

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

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

|  |
| --- |
|  |

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

) ss

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

|  |
| --- |
|  |

**(FOR NOTARY USE ONLY)**

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

) ss

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_