

# AFFIDAVIT OF HEIRSHIP

**THIS AFFIDAVIT MUST BE FILED  
 WITH THE COUNTY CLERK**

The claimant must file this completed affidavit in the County Clerk's record in the county of the decedent's residence.  
 The claimant must then upload a file stamped copy of the completed affidavit to ClaimItTexas.org.

|                               |                     |
|-------------------------------|---------------------|
| Name of reported owner: _____ | Claim number: _____ |
|-------------------------------|---------------------|

Affidavit of facts concerning the identity of heirs for the estate of \_\_\_\_\_  
NAME OF DECEASED PERSON (DECEDENT)

Before me, the undersigned authority, on this day personally appeared: \_\_\_\_\_  
 who, being first duly sworn, upon his/her oath states: PERSON COMPLETING THIS FORM (WITNESS)

### SECTION A. WITNESS INFORMATION

*If additional space is needed for any of the fields below, please provide an attachment with the additional information.*

1. My name is: \_\_\_\_\_

My current address is: \_\_\_\_\_

I have personal knowledge of the family history and facts of heirship of: \_\_\_\_\_  
NAME OF DECEASED PERSON (DECEDENT)

I am **not the claimant**, and I will not benefit from the decedent's estate.  True

The decedent was my \_\_\_\_\_. I knew the decedent for \_\_\_\_\_ years.  
RELATIONSHIP

### SECTION B. DECEDENT INFORMATION

2. Decedent died on \_\_\_\_\_  
DATE OF DEATH

Decedent's residence at the time of decedent's death: \_\_\_\_\_  
CITY STATE COUNTY

Decedent left a will:  Yes  No *If yes, this form is not required, and the claimant should contact our office at 1-800-321-2274.*

### SECTION C. MARITAL AND FAMILY HISTORY

3. At the time of decedent's death, decedent was:  Never married  Married  Divorced/widowed

*List all marriages, including those that ended in divorce or death. Mark N/A if not applicable*

| NAME OF SPOUSE | DATE OF MARRIAGE | DATE OF DIVORCE | DATE OF SPOUSE'S DEATH | CURRENT ADDRESS |
|----------------|------------------|-----------------|------------------------|-----------------|
|                |                  |                 |                        |                 |
|                |                  |                 |                        |                 |
|                |                  |                 |                        |                 |

4. Did the decedent have any children (biological or adopted)?  Yes  No *If yes, complete information below. If no, proceed to #6*

| NAME OF CHILD | DATE OF BIRTH | NAME OF CHILD'S OTHER PARENT | CURRENT ADDRESS |
|---------------|---------------|------------------------------|-----------------|
|               |               |                              |                 |
|               |               |                              |                 |
|               |               |                              |                 |

5. Are any of the children listed in #4 deceased?  Yes  No *If yes, complete information below. If no, proceed to Section D – Attestation*

#### DECEASED CHILD INFORMATION

#### CHILDREN OF DECEASED CHILD

| NAME OF DECEASED CHILD | DATE OF DEATH | SURVIVING SPOUSE NAME (IF APPLICABLE) | IS SPOUSE ALIVE? Y/N | CHILD | IS CHILD ALIVE? Y/N | CHILD'S OTHER PARENT (IF KNOWN) |
|------------------------|---------------|---------------------------------------|----------------------|-------|---------------------|---------------------------------|
|                        |               |                                       |                      |       |                     |                                 |
|                        |               |                                       |                      |       |                     |                                 |
|                        |               |                                       |                      |       |                     |                                 |

|                         |               |
|-------------------------|---------------|
| Name of reported owner: | Claim number: |
|-------------------------|---------------|

6. Did the decedent have:
- a. A surviving spouse at time of death?     Yes  No
- b. Surviving children or children's descendants at time of death?     Yes  No

*If yes to at least one of the above, proceed to Section D - Attestation*

7. Provide the following information on the decedent's parents:

| NAME OF PARENT | IS THIS PARENT DECEASED? | IF YES, PROVIDE DATE OF DEATH | CURRENT ADDRESS |
|----------------|--------------------------|-------------------------------|-----------------|
|                |                          |                               |                 |
|                |                          |                               |                 |

8. Are either of the decedent's parents deceased?     Yes  No    *If yes, complete information below. If no, proceed to Section D – Attestation*

9. Did the decedent have siblings?     Yes  No    *If yes, complete information below. If no, proceed to Section D – Attestation*

| NAME OF SIBLING<br>CURRENT ADDRESS | DATE OF BIRTH | SIBLING MOTHER NAME | SIBLING FATHER NAME |
|------------------------------------|---------------|---------------------|---------------------|
| -----                              |               |                     |                     |
| -----                              |               |                     |                     |
| -----                              |               |                     |                     |
| -----                              |               |                     |                     |

10. Are any of the siblings listed in #9 deceased?     Yes  No    *If yes, complete information below. If no, proceed to Section D – Attestation*

**DECEASED SIBLING INFORMATION**

**CHILDREN OF DECEASED SIBLING**

| NAME OF DECEASED SIBLING | DATE OF DEATH | SURVIVING SPOUSE NAME (IF APPLICABLE) | IS SPOUSE ALIVE? Y/N | CHILD | IS CHILD ALIVE? Y/N | CHILD'S OTHER PARENT (IF KNOWN) |
|--------------------------|---------------|---------------------------------------|----------------------|-------|---------------------|---------------------------------|
|                          |               |                                       |                      | ----- |                     | -----                           |
|                          |               |                                       |                      | ----- |                     | -----                           |
|                          |               |                                       |                      | ----- |                     | -----                           |

**\*\*Section D must be completed in front of a notary public\*\***

**SECTION D. ATTESTATION**

I swear under penalty of perjury that the foregoing is true, accurate, and complete to the best of my knowledge.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

(SIGNATURE OF WITNESS BEFORE NOTARY)

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

Sworn to and subscribed to before me on \_\_\_\_\_

(DATE)

by \_\_\_\_\_

(PRINTED WITNESS NAME)

\_\_\_\_\_

(NOTARY SIGNATURE)

(Notary Seal) My commission expires: \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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