

# 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 no, continue completing this form.*

If yes, was will probated?:  Yes  No *If yes, this form is not required and the claimant should submit the probated will. If no, continue completing this form. The claimant must provide a complete copy of the will along with this form.*

### 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'S NAME DOB AND CURRENT ADDRESS	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*

*List all siblings, including half or adopted. Do not include stepsiblings unless adopted.*

NAME OF SIBLING AND 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'S NAME DOB AND CURRENT ADDRESS	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 \_\_\_\_\_, \_\_\_\_\_