



Lynn Fitch
STATE TREASURER
UNCLAIMED PROPERTY

Affidavit of Death and Heirship

Decedent's Name

Indicate N/A (Not Applicable) for any item that does not apply. SIGN IN THE PRESENCE OF A NOTARY PUBLIC.

I, _____, of lawful age and under oath & penalty of fraud and perjury, hereby certify that all statements herein are true and correct. If the State makes payment based on the information herein, I will indemnify and hold harmless the State, its officers and employees, from any other valid claims to unclaimed property.

That I was personally well acquainted with the decedent for _____ years and my relationship with the decedent was that of _____.

That said decedent departed this life in the city of _____, county/parish of _____, in the state of _____, on or about _____, 20____.

That the following information is based on my personal knowledge of the above named decedent and is true and correct to the best of my knowledge:

1. Did the decedent leave a Will? _____ Yes No _____

If yes, was the Will admitted to probate? _____ Yes No _____

If yes, where and when? _____

2. Was an administrator or executor appointed for the estate? _____ Yes No _____

If yes, give the name and address of administrator/executor. _____

If yes, have the estate proceedings been closed? _____ Yes No _____

3. List each person to whom the decedent was married during his/her lifetime.

Name of Spouse	Date of Marriage	Address or Date of Death	If Divorced Give Date

4. List each child born to the decedent during his/her lifetime including illegitimate children.

Name of Child	Date of Birth	Address or Date of Death	Name of Other Parent

5. List all adopted children of the decedent.

Name of Adopted Child	Date of Birth	Address or Date of Death	Name of Other Parent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List all children of any deceased son or daughter of the deceased (grandchild) including adopted children.

Name of Child	Date of Birth	Address or Date of Death	Name of Child's Parents
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTE: IF THE DECEDENT LEFT SURVIVING CHILDREN OR GRANDCHILDREN, DO NOT COMPLETE QUESTIONS 7 THROUGH 10 BELOW.

7. Give the name of the decedent's father & address, if living, or list date & place of death.

8. List each of the decedent's father's children.

Name of Father's Children	Date of Birth	Address or Date of Death	Name of Child's Spouse
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Give the name of the decedent's mother & address, if living, or list date & place of death.

10. List each of the decedent's mother's children.

Name of Mother's Children	Date of Birth	Address or Date of Death	Name of Child's Spouse
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Person Making Affidavit

State of _____ County of _____ City of _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires: _____

Notary Public