

## *INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF HEIRSHIP*

1. **This form should be completed by someone other than an Heir.** This person should be someone who is familiar with the family history of the deceased (decedent), and who will obtain no benefit from the Estate.

**The person who fills out the form is referred to as the "AFFIANT".**

2. The person completing this Affidavit should read carefully and answer all the questions that are applicable; paying particular attention to the name(s) and address(s) of the heir(s).
3. Sign the "Affidavit of Heirship" in front of a Notary Public, so **it can be notarized.**
4. **The completed, notarized form should be sent to the appropriate county for recording/filing.\*** Recording/filing fees will apply; therefore, contact the clerk of court for the appropriate county to obtain fees and instructions for correctly recording/filing forms in that county. **Please have recorded forms returned to you for verification purposes.**

# 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: _____
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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:
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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 CURRENT ADDRESS	DATE OF BIRTH	SIBLING MOTHER NAME	SIBLING FATHER NAME
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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)
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**\*\*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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