



# Office of Auditor of State Dennis Milligan

## Affidavit of Heirship

The person signing below swears under oath that they are familiar with \_\_\_\_\_ (father), who died on \_\_\_\_\_, and \_\_\_\_\_ (mother) who died on \_\_\_\_\_; and, to the best of their knowledge and belief swears that all children born of both parents above, are listed below, and are entitled to inherit:

Name	Address, City & State	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

The person signing below swears that they are **NOT** an heir.

\_\_\_\_\_  
Print Name & Telephone Number

\_\_\_\_\_  
Signature

### Notary Statement

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

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

Subscribed to and sworn to before the undersigned Notary Public on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary signature \_\_\_\_\_

My commission expires: \_\_\_\_\_