

**HEIRSHIP QUESTIONNAIRE**  
**LIMIT ONE QUESTIONNAIRE PER DECEDENT**

**AFFIANT (person completing this form):** \_\_\_\_\_

**AFFIANT'S ADDRESS:** \_\_\_\_\_

**RELATION TO DECEDENT:** \_\_\_\_\_

**DECEDENT:** \_\_\_\_\_

**DATE OF DEATH:** \_\_\_\_\_

**PLACE OF DEATH (COUNTY):** \_\_\_\_\_

**MARRIAGE (1st): Name:** \_\_\_\_\_ **Date of Marriage:** \_\_\_\_\_

**Did Marriage End in Divorce?** \_\_\_ YES \_\_\_ NO **If Yes, Date of Divorce:** \_\_\_\_\_

**Did Marriage End on Death of Spouse?** \_\_\_ YES \_\_\_ NO **If Yes, Date of Death of Spouse:** \_\_\_\_\_

<b>CHILDREN:</b> <b>(Legal Name)</b>	<b>ADDRESS:</b>	<b>NATURAL BORN: (Y/N)</b>	<b>DATE OF BIRTH:</b>	<b>DATE OF DEATH:</b>	<b>MARITAL STATUS:</b>
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**MARRIAGE (2nd): Name:** \_\_\_\_\_ **Date of Marriage:** \_\_\_\_\_

**Did Marriage End in Divorce?** \_\_\_ YES \_\_\_ NO **If Yes, Date of Divorce:** \_\_\_\_\_

**Did Marriage End on Death of Spouse?** \_\_\_ YES \_\_\_ NO **If Yes, Date of Death of Spouse:** \_\_\_\_\_

<b>CHILDREN:</b> <b>(Legal Name)</b>	<b>ADDRESS:</b>	<b>NATURAL BORN: (Y/N)</b>	<b>DATE OF BIRTH:</b>	<b>DATE OF DEATH:</b>
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Did Decedent have any Children that were not a product of a marriage? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please provide the following information:

CHILDREN: (Legal Name)	ADDRESS:	DATE OF BIRTH:	DATE OF DEATH:	NAME OF OTHER PARENT:
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**IF NO SURVIVING SPOUSE OR CHILDREN, PLEASE LIST ANY PARENTS OR SIBLINGS STILL LIVING (IF NO PARENTS OR SIBLINGS LIVING CONTACT LEGAL DEPARTMENT FOR FURTHER DIRECTION).**

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**DECEDENT DIED:** \_\_\_\_\_ Testate (Has Will) If Testate, Was Will Probated? \_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_\_ Intestate (No Will)

**PLEASE PROVIDE THE FOLLOWING ITEMS TO THE TITLE COMPANY:**

\_\_\_\_\_ COPY OF WILL (IF THEY HAVE ONE)

\_\_\_\_\_ CERTIFIED COPY OR COPY OF DEATH CERT.

LIST ALL DEBTS OF DECEDENT'S: \_\_\_\_\_

**INFORMATION FOR TWO DISINTERESTED PARTIES (UNRELATED TO DECEDENT) TO SIGN AFFIDAVIT AND ATTEST TO THE FACTS CONTAINED THEREIN:**

**1st Disinterest Party:**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Decedent: \_\_\_\_\_

How Long Did They Know Decedent: \_\_\_\_\_

**2nd Disinterest Party:**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Decedent: \_\_\_\_\_

How Long Did They Know Decedent: \_\_\_\_\_