## \*\*THIS IS NOT A SUBSTITUTE FOR THE ADVICE OF AN ATTORNEY\*\*

## AFFIDAVIT OF FACTS CONCERNING THE IDENTITY OF HEIRS

(TEX. ESTATES CODE § 203.002)

	Q		("Affiants")
(insert name of first affiant)	(insert name	e of second affiant)	_( Amants )
who, being first duly sworn, upon his/	her oath states:		
<b>1A.</b> My name is		, and I live at	
(insert address of first aff		I am perso	nally familia
(insert address of first aff	iant's residence)		
with the family and marital history of _			
and I have personal knowledge of the	e facts stated in thi	s affidavit.	
<b>1B.</b> I knew decedent from _		until	
	(insert date)	(inser	t date)
Decedent died on		Decedent's place o	of death was
(insert date	e of death)		
			At the time
	a of doath)		
(insert place	e or dearry		
(insert place of decedent's death, decedent's resid	,		

<b>2A.</b> My name is		, and	I live at
(in	sert name of second a	affiant)	
	I	am personal	ly familiar with the
(insert address of second a	ffiant's residence)		
family and marital history of			("Decedent")
	(insert name of	decedent)	
and I have personal knowledge	of the facts stated in	this affidavit.	
<b>2B.</b> I knew decedent f	rom	until	
<b>2B.</b> I knew decedent f	(insert date)	)	(insert date)
Decedent died on		Decedent	's place of death was
(inse	ert date of death)		
			At the time
(inse	rt place of death)		
of decedent's death, decedent's	s residence was		
			decedent's residence,
	,		,
			·
3. Decedent's marital	history was as follow	s: (insert mari	ital history and, if
decedent's spouse is deceased		•	-
•			,
			·

	Decedent had the following children: (insert name, birth date, name of and current address of child or date of death of child and descendants of ild, as applicable, for each child)
	Decedent did not have or adopt any other children and did not take any n into decedent's home or raise any other children, except: (insert name of es of children, or state "none")
<b>6.</b> is: (insert nan	(Include if decedent was not survived by descendants) Decedent's mother ne, birthdate, and current address or date of death of mother, as applicable,
<b>7.</b> is: (insert nar	(Include if decedent was not survived by descendants) Decedent's father me, birthdate, and current address or date of death of father, as applicable)

<b>8.</b> (Include if decedent was not survived by descendants or by both mot and father) Decedent had the following siblings: (insert name, birth date, and current name)	
address or date of death of each sibling and parents of each sibling and descendants	of
each deceased sibling, as applicable, or state "none")	
<b>9.</b> (Optional) The following persons have knowledge regarding the deceder the identity of decedent's children, if any, parents, or siblings, if any: (insert names of persons with knowledge, or state "none")	۱t,
<b>10.</b> Decedent died without leaving a written will. (Modify statement if decede	ent
left a written will)	
11. There has been no administration of decedent's estate. (Modify statem	ent
if there has been administration of decedent's estate)	
<b>12.</b> Decedent left no debts that are unpaid, except: (insert list of debts, or state "none")	

	There are no unpaid estate or inheritance taxes, except: (insert list of or state "none")
	To the best of my knowledge, decedent owned an interest in the following (insert list of real property in which decedent owned an interest, or state
15.	The following were the heirs of decedent:
	Additional Information: (Insert additional information as appropriate, such decedent's estate)

Signed this day of	·	
(signature of first affiant)		
State of		
County of		
Sworn to and subscribed to before me of	on	_by
(insert printed name of first affiant)	·	
	(signature of notarial officer)	
[NOTARY SEAL]		
	My commission expires:	
Signed this day of		
(signature of second affiant)		
State of		
State of		_ by
State of County of	on(date)	_ by
State of County of  Sworn to and subscribed to before me of		_ by
State of County of  Sworn to and subscribed to before me of		
State of County of  Sworn to and subscribed to before me of	(date)	