

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

AFFIDAVIT OF FACTS CONCERNING THE IDENTITY OF HEIRS

(TEX. ESTATES CODE § 203.002)

Before me, the undersigned authority, on this day personally appeared

_____ & _____ ("Affiants")
(insert name of first affiant) (insert name of second affiant)

who, being first duly sworn, upon his/her oath states:

1A. My name is _____, and I live at _____
(insert name of first affiant)

_____. I am personally familiar
(insert address of first affiant's residence)

with the family and marital history of _____, ("Decedent")
(insert name of decedent)

and I have personal knowledge of the facts stated in this affidavit.

1B. I knew decedent from _____ until _____.
(insert date) (insert date)

Decedent died on _____. Decedent's place of death was
(insert date of death)

_____. At the time
(insert place of death)

of decedent's death, decedent's residence was _____
(insert address of decedent's residence)

_____.

2A. My name is _____, and I live at _____
(insert name of second affiant)
_____. I am personally familiar with the
(insert address of second affiant's residence)
family and marital history of _____ ("Decedent"),
(insert name of decedent)
and I have personal knowledge of the facts stated in this affidavit.

2B. I knew decedent from _____ until _____.
(insert date) (insert date)
Decedent died on _____. Decedent's place of death was
(insert date of death)
_____. At the time
(insert place of death)
of decedent's death, decedent's residence was _____
(insert address of decedent's residence)
_____.

3. Decedent's marital history was as follows: (insert marital history and, if
decedent's spouse is deceased, insert date and place of spouse's death)

4. Decedent had the following children: *(insert name, birth date, name of other parent, and current address of child or date of death of child and descendants of deceased child, as applicable, for each child)*

5. Decedent did not have or adopt any other children and did not take any other children into decedent's home or raise any other children, except: *(insert name of child or names of children, or state "none")*

6. (Include if decedent was not survived by descendants) Decedent's mother is: *(insert name, birthdate, and current address or date of death of mother, as applicable)*

7. (Include if decedent was not survived by descendants) Decedent's father is: *(insert name, birthdate, and current address or date of death of father, as applicable)*

8. (Include if decedent was not survived by descendants or by both mother and father) Decedent had the following siblings: *(insert name, birth date, and current address or date of death of each sibling and parents of each sibling and descendants of each deceased sibling, as applicable, or state "none")*

9. (Optional) The following persons have knowledge regarding the decedent, the identity of decedent's children, if any, parents, or siblings, if any: *(insert names of persons with knowledge, or state "none")*

10. Decedent died without leaving a written will. *(Modify statement if decedent left a written will)*

11. There has been no administration of decedent's estate. *(Modify statement if there has been administration of decedent's estate)*

12. Decedent left no debts that are unpaid, except: *(insert list of debts, or state "none")*

13. There are no unpaid estate or inheritance taxes, except: *(insert list of unpaid taxes, or state "none")*

14. To the best of my knowledge, decedent owned an interest in the following real property: *(insert list of real property in which decedent owned an interest, or state "none")*

15. The following were the heirs of decedent: _____

16. Additional Information: *(Insert additional information as appropriate, such as size of the decedent's estate)*

Signed this ____ day of _____, _____.

(signature of first affiant)

State of _____

County of _____

Sworn to and subscribed to before me on _____ by
(date)

(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 _____

County of _____

Sworn to and subscribed to before me on _____ by
(date)

(insert printed name of second affiant)

(signature of notarial officer)

[NOTARY SEAL]

My commission expires: _____