AFFIDAVIT OF DEATH
AND HEIRSHIP

_____
(print full name of deceased person)

I, _____, being first duly sworn upon oath depose and state:
(print name of person completing form)

That I was personally acquainted with the above-named deceased person (hereinafter referred to as "the Deceased") for ____ years, and held the following relationship to the Deceased:_____;
(spouse, child, sibling, parent, friend, etc.)

That the Deceased departed this life in the City of _____, the County of _____, and the State of _____, on or about the _____ day of _____, in the year _____. The Deceased was ____ years old at the date of death;

That I am well acquainted with the family of the Deceased and with those who would be the heirs of the Deceased, and that the following statements or answers are based upon my personal knowledge and are true and correct:

PART I - GENERAL INFORMATION

1. Did the Deceased leave a Will? ***IF YES, A <u>COMPLETE</u> COPY OF THE WILL IS ATTACHED.*** Yes ☐ No ☐

2. Has there been a court proceeding concerning the estate of the Deceased? Yes ☐ No ☐
(to administer the estate, prove the validity of a will, to sell or distribute the property of the Deceased)

Complete the following only if there has been a court proceeding:
Proceedings were held in the County of _____, State of _____.

☐ The Estate is open, and a copy of the Court issued document naming the executor or administrator is attached. The executor's or administrator's address is as follows:
_____.

☐ The Estate is closed. The date it closed is as follows:_____.

3. ☐ The Deceased was never married.

☐ The Deceased was married _____ time(s) and the information of ALL PERSONS to whom the Deceased was married, including current spouse, is as follows *(Attach a separate sheet if necessary):*

	Name of Spouse	Date of Marriage	If Divorced, Date of Divorce	If Deceased, Date of Death	Complete Address of Surviving Spouse
a)	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____

4. ☐ All debts of the Deceased have been paid.

☐ The Deceased left debts of which $_____ remains unpaid.

PART II - CHILDREN OF THE DECEASED ***(A separate sheet may be attached if necessary for questions #5 and #6 below):***

5. ☐ The Deceased had **no** biological and/or legally adopted children.

   ☐ The Deceased had biological and/or legally adopted children, and their information is as follows:

	Name of Child	Birthdate	If Deceased, Date of Death	Name of Spouse/ Date of Death	Complete Address, if Living
a)					
b)					
c)					
d)					
e)					

6. Of any person(s) named in #5 who is deceased, the information of **ALL** their biological and/or legally adopted children is as follows:

	Name of Child	Birthdate	If deceased, Date of Death	Name of Father & Mother	Complete Address, if Living
a)					
b)					
c)					
d)					

IF THE DECEASED LEFT NO SPOUSE AND NO CHILDREN OR GRANDCHILDREN, YOU MUST CONTINUE TO PAGE THREE; OTHERWISE, COMPLETE THIS AFFIDAVIT BY SIGNING HERE AND HAVING YOUR SIGNATURE NOTARIZED. RETURN ORIGINAL COMPLETED AFFIDAVIT TO BI-PETRO, INC.

_____

Affiant ***(person completing Affidavit)***

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

_____

Notary Public

PART III - ANCESTORS AND COLLATERALS OF THE DECEASED
(***Complete Part III ONLY if deceased left no surviving spouse, children, or grandchildren)***

7. The name of the Deceased's father and his address, if living, **or** the date and place of death, is as follows:

ANSWER:_____

8. The names of **ALL biological and/or legally adopted children** of the Deceased's father, together with other information is as follows:

	Name of Child	Birthdate	If Deceased, Date of Death	Name of Child's Spouse/Date of Death	Complete Address, if Living
a)					
b)					
c)					
d)					

9. The name of the Deceased's mother and her address, if living, **or** the date and place of death is as follows:

ANSWER:_____

10. The names of **ALL biological and/or legally adopted children** of the Deceased's mother, together with other information is as follows:

	Name of Child	Birthdate	If Deceased, Date of Death	Name of Child's Spouse/Date of Death	Complete Address, if Living
a)					
b)					
c)					
d)					

A separate Affidavit of Death and Heirship must be completed for any brother or sister of the Deceased who is not living. Complete this Affidavit by signing here and having your signature notarized. RETURN ORIGINAL COMPLETED AFFIDAVIT TO BI-PETRO, INC.

_____
Affiant (***person completing Affidavit)***

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

_____
Notary Public