Prepar	ed by:)
If recor	ded, return to:))))))))))))above this line for official use only
	~~~	HEIRSHIP AFFIDAVIT
	(Heirship of _	Deceased)
	E OF GEORGIA ITY OF	) )
("AFFIA	ANT") who is personally knowng	hority, on this day personally appeared, on to me (or, if not being personally known to me, did confirm his/her identity as identification (i.e. drivers license #), and appearing to be fully competent and of tated upon Affiant's oath the following:
1.	My name is	(insert name of affiant), and I live at
		e family and marital history of (insert address of affiant's residence). I lecedent), and I have personal knowledge of the facts stated in this affidavit.
2.		(insert date) until (insert date) acquainted with the named decedent during his/her lifetime.
3.	The Decedent died on	(insert date of death) at the
	following place of death:	(City),,(State) (insert place of death). At the time of decedent's death,
	decedent's residence address v	(Street),
doo	edent's residence).	(City), Georgia, (Zip).(insert address of
4. would knowled	I was well acquainted with under the laws of the State of contained herein, including	the family and near relatives of the said decedent, and with all those who f Georgia, be his/her heirs. The following statements and the information my answers to named questions below, are based upon my personal rect.
QUEST	<b>FION 1</b> - Did the decedent lea	ve a will? <b>ANSWER</b> : YES/NO
QUEST	TION 2 - If the decedent left	will, has the will been admitted to probate?
ANSW	ER: YES/NO/NA. If YES, at	what place, and when?
ANSW	ER:CO	JNTY, Georgia, CAUSE NUMBER
	FION 3 - If the decedent left f said deceased? ANSWER:	no will, has an administrator or personal representative been appointed for the YES/NO

QUESTION 5 - Give the name and address of the surviving widow or widower of decedent.  ANSWER:  NAME  ADDRESS  If not now living, s death:  QUESTION 6 - If the decedent was married more than once, give the name(s) of the former husband state whether said former spouse is dead or divorced.  ANSWER:  NAME  STATUS (Dead or Divorced)  QUESTION 7 - Give the names and places of residence of all the surviving children of deceased, togother information called for:  ANSWER: (Give names of surviving children only)  NAME OF CHILD  ADDRESS  DATE OF IF NOT HUSBAN	COLINTY							
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other information called for:  ANSWER: (Give names of surviving children only)  NAME OF CHILD ADDRESS DATE OF IF NOT HUSBAN BIRTH LIVING NAME OF CHILD DATE OF DATE OF				STATUS (Dead or Divorced)				
NAME OF CHILD ADDRESS DATE OF IF NOT HUSBAN BIRTH LIVING NA DATE OF	mation called for:	-	e of all the survivin	ng children of d	eceased, together with the			
				LIVING DATE OF	HUSBAND OR WIFE NAME			

NAME OF CHILD		DATE OF BIRTH	DATE DEAT		HUSBA	RVIVING .ND OR WIFE NAME	DATE OF DEATH OF SPOUSE, IF APPLICABLE
QUESTION 9 - Give the names a	and add	resses of the c	hildren of	f any	deceased	son or daughter o	of the decedent:
NAME OF CHILD		DRESS OF IF VING DATE DEATH			ATE OF BIRTH		OF FATHER OR OTHER
QUESTION 10 - Did the deceder	nt have	any adopted c	hildren, o	r step	p-children	taken into his ho	ome?
ANSWER: YES/NO. If yes, pro NAME	vide the		s and add DDRESS	resse	s below:	Λ	.GE
		AL	NULLOO			A	UL

	ne decedent have any unpaid de		. ner such debt has since been paid
in yes, provide as nearry	as possible the amount of the di	cot and creditor and when	ici sucii debt has since been paid
ANSWER:		T MAG DED	T NOW PETN DATE
CREDITOR	AMOUNT OF DEBT	HAS DEB	T NOW BEEN PAID
	decedent left no children, then or his or her surviving father, m		nd addresses (together with other
NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF
			DEATH
<b>QUESTION 13</b> - If the relatives: <b>ANSWER:</b>	decedent left no children, spo	use, mother, father, brothe	er or sister, state all other known
NAME	RELATIONSHIP	AGE	ADDRESS

QUESTION 14: Did the decedent own any real estate in this State:	
ANSWER: YES/NO	
If yes, list Address or short description:  County: County: County: County: County:	
Address or short description : County:	
QUESTION 15: What is your relationship to the deceased?  ANSWER:	
DATED THIS THE DAY OF,	Signature of Affiant
SWORN TO AND SUBSCRIBED before me this the day of _	-
My Commission Expires:	NOTARY PUBLIC