Prepar	ed by:	)		
If recor	rded, return to:	) ) ) ) ) ) ) ) ) ) above this line for official use only		
	HEIR	SHIP AFFIDAVIT		
		Deceased)		
BEFOR	E OF OREGON ) NTY OF ) E ME, the undersigned authority, on	this day personally appeared,		
presenti		or, if not being personally known to me, did confirm his/her identity ation (i.e. drivers license #), and appearing to be fully competent and of Affiant's oath the following:		
1.	My name is	(insert name of affiant), and I live at (insert address of affiant's residence). I		
		and marital history of		
2.		(insert date) until (insert d with the named decedent during his/her lifetime.		
3.		(insert date of death) at the		
		(City),, _ (State) (insert place of death). At the time of decedent's death, (Street),		
		(Sireet), (City), Oregon , (Zip).(insert address of		
dec	edent's residence).			
4. I was well acquainted with the family and near relatives of the said decedent, and with all those who under the laws of the State of Oregon, be his/her heirs. The following statements and the information contained herein, including my answers to named questions below, are based upon my personal knowledge and are true and correct.				
QUEST	<b>FION 1</b> - Did the decedent leave a will?	ANSWER: YES/NO		
-	<b>TION 2</b> - If the decedent left a will, has	-		
<b>ANSWER</b> : YES/NO/NA. If YES, at what place, and when?				
	ER:COUNTY, Or DATE	egon , CAUSE NUMBER		
	<b>FION 3</b> - If the decedent left no will, ha f said deceased? <b>ANSWER</b> : YES/NO	s an administrator or personal representative been appointed for the		

**QUESTION 4** - If an administrator or personal administrator has been appointed, give the County in which the proceedings are pending, and the name and address of the administrator or personal representative.

# ANSWER:

COUNTY	NAME	ADDRESS
CAUSE NUMBER		
QUESTION 5 - Give the name and ac	ddress of the surviving widow or wido	wer of decedent.
QUESTION 5 - Give the name and ac	ddress of the surviving widow or wido	wer of decedent.
-	ddress of the surviving widow or wido ADDRESS	wer of decedent. If not now living, state date of death:

**QUESTION 6** - If the decedent was married more than once, give the name(s) of the former husband or wife, and 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, together with the other information called for:

## **ANSWER**: (Give names of surviving children only)

NAME OF CHILD	ADDRESS	DATE OF	IF NOT	HUSBAND OR WIFE
INAMIE OF CHILD	ADDRESS			
		BIRTH	LIVING	NAME
			DATE OF	
			DEATH	

QUESTION 8 - Give the name and address of any deceased children of the decedent, together with the other information called for:

#### **ANSWER**:

NAME OF CHILD	DATE OF	DATE OF	SURVIVING	DATE OF
	BIRTH	DEATH	HUSBAND OR WIFE	DEATH OF
			NAME	SPOUSE, IF
				APPLICABLE

QUESTION 9 - Give the names and addresses of the children of any deceased son or daughter of the decedent:

#### **ANSWER**:

NAME OF CHILD	ADDRESS OF IF NOT LIVING DATE OF DEATH	DATE OF BIRTH	NAME OF FATHER OR MOTHER

QUESTION 10 - Did the decedent have any adopted children, or step-children taken into his home?

**ANSWER**: YES/NO. If yes, provide their names, ages and addresses below:

NAME ADDRESS		AGE		

QUESTION 11 - Did the decedent have any unpaid debts? ANSWER: YES/NO.

If yes, provide as nearly as possible the amount of the debt and creditor and whether such debt has since been paid

## ANSWER:

CREDITOR	AMOUNT OF DEBT	HAS DEBT NOW BEEN PAID
		·

**QUESTION 12** - If the decedent left no children, then give below the names and addresses (together with other information called for), or his or her surviving father, mother, brothers, sisters:

**ANSWER:** 

NAME	RELATIONSHIP	AGE	ADDRESS OR DATE OF
			DEATH
		·	

QUESTION 13 - If the decedent left no children, spouse, mother, father, brother or sister, state all other known relatives:

### **ANSWER:**

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: Address or short description : County: Address or short description :	
County:	
<b>QUESTION 15</b> : What is your relationship to the deceased?	
ANSWER:	
DATED THIS THE DAY OF,	, 20
SWORN TO AND SUBSCRIBED before me this the day of	Signature of Affiant , 20aaaa. 
My Commission Expires:	