

IN THE CIRCUIT COURT OF THE SEVENTH JUDICIAL CIRCUIT

IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE: THE ESTATE OF

CASE NUMBER:

\_\_\_\_\_

Probate Division

Deceased.

**AFFIDAVIT OF HEIRS**

(§ 732.103, Fla. Stat.)

*For purposes of this document, you must list ALL RELATIVES of the decedent, including yourself, if applicable. If the relative was deceased at the time of the decedent's death, please provide the deceased relative's name, indicate deceased, and date of death. Answering with n/a, not applicable, or any other such designation is inappropriate for this document. If there is no person in the respective category, please indicate "None." When appropriate you must indicate if the relationship is that of a half-relative (i.e., half-brother or half-sister).*

I, the undersigned, \_\_\_\_\_ (your name), do hereby state the decedent \_\_\_\_\_ (name) died on \_\_\_\_\_ (date of death)

and **that as of the Decedent's date of death**, the Decedent had the following heirs:

1. Spouse of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

1. Spouse

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

Did the spouse have children who were not also children of the deceased?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

2. No Surviving Spouse \_\_\_\_\_

2. Children of the Decedent. Please list the name of each child born or legally adopted by the deceased. You must provide their name, age, and address, and if deceased, and date of death. You must also provide the name of each child's legal parents.

The Deceased had No Children \_\_\_\_\_

1. Child 1

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Name of Parents:	

2. Child 2

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Name of Parents:	

3. Child 3

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Name of Parents:	

4. Child 4

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Name of Parents:	

5. Child 5

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Name of Parents:	

3. Children of the Deceased Children. If a child of the deceased has passed away, please provide the name, age, and address. (Or if deceased, provide name, indicate deceased, and date of death). This only applies to Decedent's grandchildren who are heirs of any of Decedent's children who predeceased Decedent.

There are no children of deceased children \_\_\_\_\_

1. Grandchild 1

Name:	
Age/DOB:	
Address:	
Parent:	

2. Grandchild 2

Name:	
Age/DOB:	
Address:	
Parent:	

3. Grandchild 3

Name:	
Age/DOB:	
Address:	
Parent:	

4. Grandchild 4

Name:	
Age/DOB:	
Address:	
Parent:	

5. Grandchild 5

Name:	
Age/DOB:	
Address:	
Parent:	

6. Grandchild 6

Name:	
Age/DOB:	
Address:	
Parent:	

4. Parents of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

1. Parent 1

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

a. Parent 2

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

5. Siblings of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

1. Sibling 1

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

a. Sibling 2

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

b. Sibling 3

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

c. Sibling 4

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

6. Children of Deceased Siblings—Nephews/Nieces. If a sibling of the deceased has passed away, please provide the name, age, and address of their children. (Or if deceased, provide name, indicate deceased, and date of death).

1. Nephew/Niece 1

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Parents:	

2. Nephew/Niece 2

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Parents	

3. Nephew/Niece 3

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Parents:	

4. Nephew/Niece 4

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	
Parents:	

7. Grandparents of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

1. Grandparent 1

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

2. Grandparent 2

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

3. Grandparent 3

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

4. Grandparent 4

Name:	
Age/DOB:	
Address:	
If deceased, DOD:	

8. Kindred of the last deceased spouse (ONLY IF filing intestate and is not previously listed above). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

Name:	
Relationship	

Name:	
Relationship	

Name:	
Relationship	

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief. Executed on \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to, subscribed and acknowledged this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is ( ) personally known to me or ( ) produced \_\_\_\_\_ as identification.

(stamp)

\_\_\_\_\_  
Notary