

AFFIDAVIT OF FACTS CONCERNING THE IDENTITY OF HEIRS
(Texas Form)

STATE:

COUNTY:

Before me, the undersigned authority, on this day personally appeared (Name) (the "Affiant"), who, being first duly sworn, upon (his/her) oath states:

1. My name is (Name of Affiant), and I live at (Address). I am personally familiar with the family and marital history of (Name of Person) (the "Decedent"), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew Decedent from (Date) until (Date). The Decedent died on (Date of Death). Decedent's place of death was (Town, City, County, State). At the time of the Decedent's death, Decedent's residence was (Address, Town, City, County, State).

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

4. The Decedent had the following children: (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. The 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. (Optional, if Decedent was not survived by descendants.) Decedent's mother was (Insert Name, Birth Date, and Current Address or Date of Death of Mother, as applicable).

7. (Optional, if Decedent was not survived by descendants.) Decedent's father was (Insert Name, Birth Date, and Current Address or Date of Death of Father, as applicable).

8. (Optional, 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 and addresses 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 the 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, if any, or State "None").

13. There are no unpaid estate or inheritance taxes, except: (Insert List of Unpaid Taxes, if any, or State "None").

14. To the best of my knowledge, the Decedent owned an interest in the following real property: (Insert List of Real Property in which Decedent owned an Interest).

15. (Optional.) The following were the heirs of decedent: (Insert Names and Addresses of Heirs).

16. (Insert Additional Information as appropriate, such as size of the Decedent's Estate.)

Signed this _____ day of _____, _____.

Affiant