

**IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR MARION COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: THE ESTATE OF:

_____ ,

DECEASED,

CASE NO.: _____

AFFIDAVIT OF HEIRS

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 the 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).

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

___ 2. Children of the Decedent, or descendants of deceased children. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If children are deceased, you must indicate if they have children and so list them. If any of the children are **NOT** biologically related to **BOTH** the decedent and the spouse at the time of death, provide the name of that particular child's other biological parent.

____ 2 a. If the surviving spouse has children who are **not** the children of the deceased, please indicate their name(s)

____ 3. Parents of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

____ 4. Siblings, and descendants of deceased siblings. You must indicate whether the relationship is that of a half-relative (i.e. half-brother or half-sister). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If siblings have predeceased the Decedent, you must list their children, if any.

____ 5. Grandparents. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

____ 6. Aunts and Uncles of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

____ 7. 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).

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.

Dated this ____ day of _____, _____.

Printed Name: _____
Address: _____

STATE OF _____
COUNTY OF _____

SUBSCRIBED AND SWORN before me by _____ on this ____ day of _____, _____.

Notary Public
Stamp:

___ Personally Known
___ Produced Identification
Type of Identification: _____

(signature of attorney and attorney's signature block)