

IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR SUMTER COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NO.: _____ CP 00 _____

_____,
Deceased.

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 not applicable (N/A), 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 (ie. Half-brother or half-sister). (**attach separate page for additional information indicating corresponding paragraph number**)

The undersigned, _____(name), ☐ does not have /

☐ has an interest in this estate.

☐ I am not ☐ I am related to the Decedent as follows: _____

I have know the Decedent for _____ years.

2. Spouse of the Decedent. (provide name, date of birth, and address. If deceased, provide name and date of death).

3. Decedent's former spouse(s) (due to death or divorce). (provide name, date of birth, and address. If former spouse(s) is/are deceased, provide name(s) and date of death(s).

If Decedent and former spouse were divorced, provide former spouse(s) name and date of divorce).

4. Child(ren) of the Decedent, or descendants of deceased child(ren). (provide name, date of birth, and address. If any child(ren) are deceased, provide name and date of death).

If Decedent has any grandchild(ren) from any predeceased child(ren) (provide name, date of birth and address of each grandchild(ren)).

If any child(ren) are **NOT biologically related to BOTH the Decedent and the Decedent's spouse at the time of death**, provide the name of that particular child(ren)'s other biological parent.

If the surviving spouse has children who are **NOT** the child(ren) of the Decedent, provide name, date of birth and address).

5. Parents of the Decedent. (provide name, date of birth, and address. If deceased, provide name and date of death).

6. Siblings of the Decedent, or descendants of deceased siblings. (provide name, date of birth, and address. If deceased, provide name and date of death).

You must indicate whether the relationship is that of a half-relative (ie. Half-brother or half-sister). If any sibling(s) have predeceased the Decedent, you must list the deceased sibling(s) children, if any.

7. Grandparents. (provide name, date of birth, and address. If deceased, provide name and date of death).

8. Aunts and Uncles of the Decedent. (provide name, date of birth, and address. If deceased, provide name and date of death).

9. If there are any relatives who have survived the Decedent and are not listed in the categories specified above, provide name, relationship to the Decedent, date of birth, and address.

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT I HAVE READ THE FOREGOING AFFIDAVIT OF HEIRS AND THE FACTS STATED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Affiant's Signature

Print Name: _____

Address: _____

City, State, Zip: _____

State of Florida

County of _____

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence, this _____ day of _____, 20____, _____(affiant name).

____ Personally Known

____ Produced Identification/Type of ID: _____

Print, Type or Stamp Commissioned
Notary Public or Deputy Clerk

Name of Notary Public / Deputy Clerk