

IN THE CIRCUIT COURT FOR THE FIFTH
JUDICIAL CIRCUIT IN AND FOR CITRUS COUNTY
STATE OF FLORIDA

CASE NUMBER: _____

IN RE: ESTATE OF

_____ /

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 date of death. Answering with n/a, not applicable, or any other such designation is inappropriate for this document; unless the decedent never had a relative within a particular category (i.e. the decedent was an only child, and therefore had no sibling(s)). 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 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.

____ 2a. 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).

____ 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.

Affiant

Print Name of Affiant

Address of Affiant

State of Florida

County of _____

Subscribed and sworn before me this _____ day of _____, 20____.

___ Personally known

___ Produces identification

___ Type of identification:

Notary Public or Deputy Clerk

Print, type or stamp commissioned
name of Notary or deputy clerk