

DO NOT COMPLETE the following three questions if the decedent left a surviving spouse and surviving children (or descendants of deceased children.)

1. Did the decedent leave a parent or parents?

Name of Father and Mother	Age	Address	Date of Death, if Deceased
Father			
Mother			

2. If decedent had brothers or sisters, give names, showing whether of full or half-blood, adopted or illegitimate.

Name of Brothers and Sisters	Brother or Sister	Age	Address	Date of Death, if Deceased

3. State below if any deceased brothers or sisters listed above had children. Name each one, whether living or dead.

Name of Deceased Brothers or Sisters	Name of Child of Deceased Brother or Sister	Age	Address	Date of Death, if Deceased

DO NOT COMPLETE the next three questions if the deceased left surviving parents, or surviving brothers or sisters, or children of deceased brothers and sisters, or any combination thereof.

1)

Name of Grandfather and Grandmother	Age	Address	Date of Death, if Deceased
Paternal Grandfather			
Paternal Grandmother			
Maternal Grandfather			
Maternal Grandmother			

2) Name each uncle and aunt, whether living or dead, and indicate whether PATERNAL or MATERNAL.

Name of Uncle and Aunts	Uncle or Aunt	Age	Address	Date of Death, if Deceased

3) State below if any deceased uncles or aunts had children. Name each one, whether living or dead.

Name of Deceased Uncle or Aunt	Name of Child of Deceased Uncle or Aunt	Age	Address	Date of Death, if Deceased

Have all Federal Estate and State Inheritance taxes owed by decedent's estate been paid? If so, indicate offices to which taxes were paid or furnish tax certificates.

PLEASE REVIEW THE ENTIRE DOCUMENT FOR ACCURACY BEFORE SIGNING.

Affiant's Signature: _____ Date: _____

STATE OF _____

COUNTY OF _____

On this ____ day of _____, 20____, personally appeared _____, before me a notary public for the State of _____ known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

Signature of Notary Public: _____

My Commission Expires: _____