

IN THE SEVENTEENTH JUDICIAL CIRCUIT, IN AND FOR
BROWARD COUNTY, FLORIDA
PROBATE DIVISION

In Re: Estate of

Case No.:

Judge:

AFFIDAVIT OF HEIRS

For purposes of this affidavit, you must list ALL RELATIVES of the Decedent, including yourself, if applicable. Please include even the names of relatives who were deceased at the time of the Decedent's death, indicating that they are deceased and specifying the date of death. If the Decedent never had a relative within a particular category (i.e. the decedent was the only child, and therefore had no siblings), please indicate "None" in that category. If the Decedent's relatives in a particular category are unknown please specify "Unknown." When applicable, please indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

1. The undersigned, _____, have do not have an interest in this estate.

I am am not related to the Decedent as follows _____.

I have known the Decedent for _____ years.

2.a. Spouse of the Decedent. (Please provide name, age, and address. If the spouse is deceased, please indicate name and date of death.)

2.b. Decedent's former spouse(s) (due to death or divorce). (Please provide name, age, and address. If the former spouse is deceased, please indicate name and date of death. If Decedent and former spouse were divorced please indicate name of former spouse and date of divorce.)

5. Grandparents of the Decedent. (Please provide name, age, and address. If the grandparents are deceased, please indicate name and date of death.)

6. If there are any relatives who have survived the Decedent and are not listed in the categories specified above, please provide name, relationship to the Decedent, age, and address. Please attach additional pages if necessary.

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated herein are true and correct to the best of my knowledge.

Affiant's Signature

Print name and address of Affiant

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

Notary Public or Deputy Clerk

___ Personally known

___ Produced identification

Type of identification:

Print, type or stamp commissioned name
of Notary Public or Deputy Clerk