

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, _____,

has an interest in this estate, OR

does 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. (Provide the name, age, and address. If the spouse is deceased, provide the name and date of death.)

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

3.a.Children of the Decedent, or descendants of deceased children. (Provide the name, age, and address. If any of the children are deceased, provide the name and date of death. In addition, indicate if Decedent has any grandchildren from the predeceased children, include the grandchild's name hereand provide further information at 4.)

3.b.If any of the children are not biologically related to both the Decedent and Decedent's spouse at the time of Decedent's death, provide that child's name here and the name of that particular child's other biological parent. If the surviving spouse has children who are not the children of the Decedent provide their names.

4. Grandchildren of the Decedent. (Provide the name, age, and address. If the grandchild is deceased, indicate the name and date of death.)

5. Parents of the Decedent. (Provide the name, age, and address. If the parents are deceased, indicate the name and date of death.)

6. Brothers and sisters of the Decedent, or descendants of deceased brothers or sisters. (You must specify if the relationship is that of a half-relative, i.e., half-brother or half-sister. You must provide the name, age, and current address of the Decedent's brothers or sisters or half-siblings. If any of the brothers or sisters or half-siblings are deceased, you must provide the name and date of death. In addition, you must list the children of any predeceased brothers or sisters or half-siblings, if any, along with their current addresses.)

7. Nephews and nieces of the Decedent. (Provide the name, age, and address. If the nephew or niece is deceased, indicate the name and date of death.)

8. Grandparents of the Decedent. (Provide the name, age, and address. If the grandparents are deceased, indicate the 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 the name, relationship to the Decedent, age, and address (i.e., aunts, uncles, cousins, if applicable). 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 COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Affiant's Signature

Print name and address of Affiant

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___, by _____.

Notary Public or Deputy Clerk

___ Personally known

___ Produced identification

Print, Type or Stamp Commissioned
Name of Notary Public/Deputy Clerk

Type of identification: _____