

**AFFIDAVIT OF SURVIVING SPOUSE OR NEXT OF KIN**

**VENUE** )  
**(City)** ) **ss:**  
**(State)** )  
 )

**I, \_\_\_\_\_, being duly sworn according to law,  
declare that I reside at:**

\_\_\_\_\_  
(street address, city and state)

**and that on \_\_\_\_\_, \_\_\_\_\_, who**  
(month, day, year) (complete name of decedent)

**had permanent legal address at:**

\_\_\_\_\_  
(street address, city and state of decedent)

**I am the widow, widower, child, father, mother, other \_\_\_\_\_,**  
(circle appropriate relationship, specify if other)

**and as such I am entitled to receive the decedent's estate under the laws of**

\_\_\_\_\_  
(state in the United States where decedent last had legal permanent residence)

**To the best of my knowledge, \_\_\_\_\_ did/did not have**  
(name of decedent) (circle one)  
**a will.**

**NAME(S) OF SURVIVORS, IN ORDER OF KINSHIP**

**Please insert the names of living relatives in the following order of relationship:  
surviving spouse, children, father and/or mother, brothers and/or sisters:**

<b>Name</b>	<b>Date of Birth</b>	<b>Address</b>	<b>Telephone No.</b>	<b>Relationship</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Signature of Affiant** \_\_\_\_\_

**Subscribed and sworn or affirmed before me by** \_\_\_\_\_

(Print name of affiant)

**on** \_\_\_\_\_.

(date)

**Signature of Notary Public:** \_\_\_\_\_

**Print name of Notary Public:** \_\_\_\_\_

**Address of Notary Public:** \_\_\_\_\_

**(SEAL)**