

STATE OF _____

INTESTATE AFFIDAVIT

COUNTY OF _____

I _____, the undersigned, do hereby affirm as follows:
(Printed Name)

1. That, I have known _____ for ___ years; and
2. That, _____ died on _____; and
3. That, _____ (had/didn't have) children, either adopted or biological other than _____; and
4. That, I at the time of death, _____ had no other heirs besides _____.

WITNESS my hand and seal this _____ day of _____, _____.

Insert Typed Name (SEAL)

STATE OF _____

COUNTY OF _____

I, the undersigned, certify that the following persons personally appeared before me this day, showing satisfactory evidence of identity, and acknowledged the due execution and authority to execute the foregoing instrument in the capacity indicated above: **Insert Typed Name**

Date: _____

My Commission Expires: _____

Signature of Notary: _____

Printed Name of Notary: _____