

COUNTY OF _____

I, THE UNDERSIGNED AFFIANT, DO HEREBY SWEAR AND AFFIRM THAT THE FOLLOWING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

(1) _____ ("decedent") died on or about _____ without a will.

(2) The Decedent's marital status as the time of death was married unmarried

(3) Decedent was survived by ___ children:

_____ married _____ unmarried
_____ married _____ unmarried
_____ married _____ unmarried
_____ married _____ unmarried
_____ married _____ unmarried
_____ married _____ unmarried

These children were the sole heirs to Decedent's property at the time of death.

(4) Additionally, the following children predeceased Decedent:

_____ Date of Death: _____
_____ Date of Death: _____
_____ Date of Death: _____

(5) To the best of my knowledge, the Decedent died WITH OR WITHOUT a will (circle one)

(6) To the best of my knowledge, the Decedent did not have baby-mommas/daddys or children born out of wedlock or any other heir that may make a claim to the estate whether I believe their claim to be legitimate, or not

(7) What was the nature of your relationship to decedent (how did you know them, etc):

(8) Any other information you would like to provide: _____

(9) **Your contact information** Email: _____
Phone Number: _____

(10) TO THE ACCURACY OF THIS INFORMATION AND FURTHER HEREBY AGREE TO HOLD HARMLESS LION TITLE INSURANCE, LLC AND THEIR AFFILIATES FROM THE INACCURACY OF ANY OF THE INFORMATION HEREIN AND FROM ANY CLAIMS ARISING FROM SAID INACCURACY.

THIS THE ___ DAY OF _____, 20__.

Affiant's printed name above

Affiant's signature above

SWORN TO AND SUBSCRIBED BEFORE ME,
THIS THE ___ DAY OF _____, 20__.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

(SEAL)