AFFIDAVIT OF HEIRSHIP OF

CT + TT	0.7			Decease	d									
	· OF ΓΥ OF			SS.										
COON	11 OF		 }											
				of lawf	ul age,	being	duly sworn,	on oath	depo	ses and says	s:			
	That affiant was p	ersonally and w	ell acquain	ted with the a	bove n	amed	decedent du	ring the l	atter	's lifetime,	having			
known	deceased for	•												
1										County, State of years of age, and a resident				
	oout the							yea	ars of	age, and a	resident			
01	That the following							on the nei	rsona	ıl knowledo	e of			
affiant a	and are true and cor		answers to	o the followin	g quest	10113 6	are based upo	on the per	30110	ii kiiowicug	C 01			
	Did the decedent l		If	so, has the w	ill been	ı admi	tted to proba	ıte?		Give the	e name			
	of the County and State in which such proceedings are pending and the name and address of the executor/executrix.													
2.														
	County and State in which said administration proceedings are pending and the name and address of the													
ā	administrator. 3. Have ancillary probate proceedings been had on the decedent's estate? If so, when?													
3.	Have ancillary pro Where?					state?	·	If so, wh	ien?					
4.	If no administrativ					—· nlans	to have the e	estate adr	ninis	tered?				
5.	Did the decedent l				•	•								
	so, give as nearly													
	have since been pa	aid												
											·			
6.	Was the decedent	-	_	-	_					· -				
	If so, give details	as to principal d	ebtor, amo	unt, etc										
7.	Were there any la	wsuits pending of	or judgmer	ts rendered as	painst t	he dec	cedent at the	time of d	leath	? .	If so.			
, .	state briefly the na													
											·			
8.	Marital status of the				rried	Sin	-		Vido					
9.	If the decedent wa	s ever married,	give the fo	llowing infor	mation	for ea	ch marriage:	: (List na						
N. C.C.		Date of Marriage		Living/			Date of Death		Was there a property settlement? If "Yes"-					
Name of Spouse		Date of Mai	lage	Deceased	Divorced		or Divorce		attach a copy					
										attach a c	ору			
10.	If the decedent ha	d any children b	y any pers	on, or adopted	l any cl	hildre	n, give the fo	llowing	infor	mation:				
	Name of Child	Date of	Address			Living/ Date		of By Whom						
1	Name of Child	Birth	Birth		Address		Deceased Dear		th By whom					
11	If a deceased abile	l laft dassandan	ta give the	following int	Cormati	oni								
11.	If a deceased child	i ieit descenden	is, give me	Date of	Orman	OII.			l 1	Living/	Date of			
Name of Deceased		Name of Child		Birth	Address				eceased	Death Death				

12. If the deced a. Gi	ent left no child we the names o				hildren, then ple	ease furnish the	following info	ormation:	
Name					Living/ Deceased	Date of Death			
Mother:									
Father:									
b. Gi	ve the names o	of the brother	s and siste	ers of the de	cedent:			1	
Nai	Relat	ion		Address		Living/ Deceased	Date of Death		
c. Gi	ve the names o	of the childre	n of a doce	assad brothe	ar or sister				
		Child		Date of	of sister.			Living/	
Name of	Name of Child			Birth		Address		Deceased	
13. If the deced	ent left no heir	rs covered by	ı item 12 a	hove then:	ı attach a full and	complete affid	avit of heirshi	n of said	
	narrative form	•	y item 12 a	bove, then t	ittacii a raii ana	complete arrid	avit of hensing	or said	
14. Give the loc			homestead	l of the dece	edent as of the d	late of death:			
14. Give the loc	ation of descri	iption of the	nomesteac	or the deec	dent, as of the c	iate of death			
15. As to each t	ract of land or	interest in 1s	and owned	by the dece	dent at the time	of his death w	hich concerns	 this	
				-	the purpose of o				
separate or		ii wiiicii wiii	be used pi	illiarity 101	the purpose of c	ieteriiiiiiig wi	lettlet tile prop	erty was	
separate or	Community.					If a consinue d	h		
		D-4-	T	TT A -		If acquired by purchase, were funds			
Description	on	Date	From		_		ose of the decedent only or unity property funds with		
	-	Acquired	Whom	Purc					
							spouse		
16. Briefly state		umstances w	which will s	show the ba	sis and source o		•		
								•	
I affirm and declar	e under penal	lty of perju	ry that the	e facts I sta	te in this Affid	lavit are true,	correct and c	omplete to	
the best of my abilit	y, belief and l	knowledge.						_	
•	• /								
							Affiant	Signature	
							1 21114111	218114141	
						Af	fiant Print	ed Name	
						2 11	Trance Trine	od I vallic	
								Address	
STATE OF									
STATE OF COUNTY OF			_						
			_ J						
Subscribed a	nd sworn to be	efore me this		day of			20		
				umj or			,		
by								(Affiant)	
							Jotomy D. 1.1'	Cionata	
						Γ	Notary Public	Signature	
						N	Iy Commissi	on Expires	