

IN THE CIRCUIT COURT IN AND FOR
POLK COUNTY, FLORIDA

IN RE: THE ESTATE OF

,

Deceased.

AFFIDAVIT OF HEIRS

For purposes of this document, you must list ALL RELATIVES of the decedent. If the relative was deceased at the time of the decedent's death, please provide the deceased relative's name, indicate deceased, and date of death. Answering with an n/a, not applicable, or any other such designation is inappropriate for this document. If there are no other relatives for a particular category, write "None." When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

- Spouse of Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

- Children of the Decedent, or descendants of deceased children. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If any of the children are not biologically related to both the decedent and the spouse at the time of death, provide the name of that particular child's biological parent.

- Parents of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

- Siblings, and descendants of the deceased siblings. You must indicate whether the relationship is that of a half-relative (i.e. half-brother or half-sister). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

- Grandparents. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

- Aunts and Uncles of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

- Kindred of last deceased spouse (ONLY IF filing intestate and is not previously listed above). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

- I, the affiant, am am not related to the decedent as follows . I have known the decedent for _____ years. Decedent _____ died on _____ .

Signature

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME, the undersigned authority, duly authorized to take acknowledgements and administer oaths personally appeared _____, who is well known to me or who produced _____ as identification, and who upon being first duly sworn by me stated that the information contained within the above Affidavit of Heirs is true and accurate.

Notary Public