

STATE OF ILLINOIS

UNITED STATES OF AMERICA
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

COUNTY OF DU PAGE

IN RE THE ESTATE OF

CASE NUMBER

DECEASED

File Stamp Here

**AFFIDAVIT OF HEIRSHIP
SPOUSE AND/OR DESCENDENTS**

The undersigned, on oath states:

1. The decedent, died on _____ at _____ at the age of _____

2. I am of legal age, I reside at _____

I am a _____ of the decedent. I am not related to the decedent, but have knowledge of
Relationship

decedent's heirship as a result of the following:

- 3. The decedent was never married
- The decedent was married _____
Number of Marriages

The following is the information with respect hereto:

Name of Spouse	Marriage Terminated (by death or divorce)	Predeceased Decedent - P
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- 4. No Child was born or adopted by the Decedent.
- The following children and no others were born to or adopted by decedent. (List children on page 2 of this form.)

5.	Name of Child	By Spouse Number (Section 3)	Minor - M Disabled - D Adopted - A	Predeceased P	Spouses Name if Married
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

6. The above (section 5) is information with respect to each of the above name children who predeceased the decedent.

	Deceased Child (Section 4)	Name of each Child of Deceased Child (Grandchild)	Minor - M Disabled - D Adopted - A	Predeceased P
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

7. The above (section 6) is the information with respect to each grandchild of the decedent who predeceased the decedent.

	Deceased Grandchild (Section 5)	Name of each Child of Deceased Grandchild (Great-Grandchild)	Minor - M Disabled - D Adopted - A	Predeceased P
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Based on the foregoing, decedent left surviving as his or her heirs the following, all of whom survived the decedent, and in the absence of any indication of the contrary, are of legal age, are mentally competent, and if children, are natural children.

_____ Date

_____ Affiant

Name: _____ PRO SE
 DuPage Attorney Number: _____
 Attorney for: _____
 Address: _____
 City/State/Zip: _____
 Telephone Number: _____

Subscribed and sworn to before me

_____ Date

_____ Circuit Clerk or Notary Public