STATE OF COUNTY OF

## INTESTATE AFFIDAVIT

I , the undersigned, do hereby affirm as follows:

*(Printed Name)*

# That, I have known for years; and

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

WITNESS my hand and seal this day of , .

 (SEAL)

## Insert Typed Name

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:

*24 Hour Closing- Not To Be Used Without Legal Representation*