AFFIDAVIT OF NEXT-OF-KIN

VENUE

State of _____)
(State))
) ss:
County of _____)
(County)

I, _____, being duly sworn according to law, declare that I reside
(Full Name of Affiant)

at _____, _____ and that on _____,
(Street Address) (City and State) (Month, Day, Year of death)

_____, who made no will, had permanent legal residence at _____
(Name of Decedent) (Complete address of Decedent)

_____.
(Address Continued)

I am the widow, widower, child, father, mother, other _____, and as such am entitled to receive
(Circle appropriate relationship) (Specify if other)

the decedent's estate under the laws of _____.
(Name of state in the United States where decedent last had legal permanent residence)

Name(s) of Survivors of Decedent in Order of Kinship:
Please insert the names of living relatives in the following order of relationship: surviving spouse, children, father, and/or mother, brothers and/or sisters:

	Name	Date/Place of Birth	Address	Relationship
1.				
2.				
3.				
4.				
5.				

_____
(Signature of Affiant)

Subscribed and sworn (or affirmed) to before me by _____
(Name of Affiant)

at _____ on _____.
(Address of Notary Public) (Date of notarization)

_____
(Signature of Notary Public)

(SEAL)

_____
(Printed name of Notary Public)