IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR COUNTY, FLORIDA

IN RE:	THE ESTATE OF:	PROBATE DIVISION
		CASE NO:
	Deceased.	
State of		AFFIDAVIT OF HEIRS
County of _		
the deceden decedent's a approximate	at, including yourself, if applice death, please provide the dece e date of death. When apprope (i.e. half-brother or half-siste	ou must list ALL RELATIVES (as indicated below) of cable. If the relative was deceased at the time of the cased relative's name, indicate deceased, and priate you must indicate if the relationship is that of a er). HO ARE YOU?
1.		ımber
		related to the decedent as follows
	I have known the decedent	for years.
	Decedent	died on
-	WHO IS THE DECEDENT	'S SPOUSE AT THE TIME OF DEATH?
2.	•	Provide name and address; or if deceased, provide approximate date of death.
	Address:	
	Is Spouse Deceased? Date of Death:	· · · · · · · · · · · · · · · · · · ·

_ 3.a.	Children of the Decedent (Provide name and address; or if deceased, proname, indicate deceased, and approximate date of death). If any of the chare NOT biologically related to BOTH the decedent and the spouse at the death, provide the name of that particular child's other biological parent.
	Children Names and Addresses:
3.b.	List the full name of grandchildren of the Decedent, making sure to provide name of such grandchild's parents, and include the address for each grandc
	Grandchildren Names and Addresses:
	WHO ARE THE DECEDENT'S PARENTS?
4.	Parents of the Decedent. (Provide name and address; or if deceased, provide name, indicate deceased, and approximate date of death).
	WHO ARE THE DECEDENT'S SIBLINGS?
5.	Siblings and descendants of deceased siblings. You must indicate whether relationship is that of a full sibling or a half-relative (i.e. half-brother or half-sister). (Provide name and address; or if deceased, provide name, indicated deceased, and approximate date of death).

of

Under penalties of perjury, I declare that and the facts stated therein are true.	I have read the foregoing Affidavit of Heirs
	Affiant
	Print Name of Affiant
	Address of Affiant
State of	Address of Affiant
City of	
County of	
Subscribed and sworn before me on	(date).
Personally known	
Produces identification	Notary Public or Deputy Clerk
Type of identification: commissioned	Print, type or stamp
	name of Notary or deputy clerk