

(12) The following children were born to a deceased, natural, or adopted child, or were adopted by a deceased, natural, or adopted child: (Furnish separate Affidavit of Heirship for each deceased child if deceased child had any children or was survived by a spouse.)

| Name of Child (include married surnames for female children) | Date of Birth | Address | Living or Dead | Date of Death | By which Spouse |
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(13) In the event decedent died leaving no surviving spouse, and (1) no children and (2) no descendants of deceased children, then please furnish the following information:

| Name of Parents | Address | Living or Dead | Date of Death |
|-----------------|---------|----------------|---------------|
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(14) Give the names of brothers and sisters of decedent:

| Name | Relation | Address | Living or Dead | Date of Death |
|------|----------|---------|----------------|---------------|
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(15) If any person(s) listed in Sections 11 or 12 is a minor (under 18 or 21 years of age, whichever is applicable), give the name and address of the guardian, if any, for such minor person(s):

| Name of Minor | Name of Guardian | Address of Guardian |
|---------------|------------------|---------------------|
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(16) If any living person(s) shown in Sections 12-15 has been adjudged insane or declared non compos mentis, give the name and address of the guardian or conservator of the estate of such person(s):

| Name of Minor | Name of Guardian or Conservator | Address of Guardian or Conservator |
|---------------|---------------------------------|------------------------------------|
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(17) Did the decedent leave any unpaid debts? If so, give as nearly as possible the amount of such debts and whether they have since been paid. _____

(18) Have the inheritance and estate taxes, if any, including any inheritance and estate taxes of the State in which the property covered in Section 17 is located, been paid? _____

(19) What is the approximate value of decedent's estate? _____

AFFIANT

Subscribed and sworn to before me this _____ day of _____, 20____

My Commission Expires: _____

Notary Public