Return Address:

AFFIDAVIT (LACK OF PROBATE)

The undersigned affiant/grant	ee	, being first duly sworn
<u> </u>	Name of Affian	tt
deposes and states as follows:	That they are a rightful heir	as listed on heirs at law, to the real
-		
property described below, and	l is	
		Relationship to decedent
of		, who died on
Decedent/G	Frantor	Date
at		
City	County	State

REAL PROPERTY SUBJECT TO THE AFFIDAVIT:

Abbreviated Legal Description:

Assessor's Property Tax Parcel/Account Number:	
(Attach full legal description of the property)	

Decedent left no Last Will and Testament.

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked.

"Heirs at law" includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

(Page	1	of)
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Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Full name, age, relationship, address

Affiant's full name		
Telephone number		
	Street	
City	State	Zip Code
Signature		Date
State of	County	of
I know or have satisfactory evi	dence that	
		(name of person)
	fore me, and said person acknowl to be (his/her) free and voluntary	
Dated: / /	Sig	nature of Notary Public
(SEAL OR STAMP)		
	Residing at:	
		d for the State of