

IN THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO COUNTY, FLORIDA  
PROBATE DIVISION

In Re: Estate of

Case No.: \_\_\_\_\_

\_\_\_\_\_

Judge: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ /

**AFFIDAVIT OF HEIRS**

For purposes of this affidavit, you must list ALL RELATIVES of the Decedent, including yourself, if applicable. Please include even the names of relatives who were deceased at the time of the Decedent's death, indicating that they are deceased and specifying the date of death. If the Decedent never had a relative within a particular category (i.e. the decedent was the only child, and therefore had no siblings), please indicate "None" in that category. If the Decedent's relatives in a particular category are unknown please specify "Unknown." When applicable, please indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

1. The undersigned, \_\_\_\_\_, has  does not have  an interest in this estate.

I am  am not  related to the Decedent as follows \_\_\_\_\_.

I have known the Decedent for \_\_\_\_\_ years.

- 2.a. Spouse of the Decedent. (Please provide name, age, and address. If the spouse is deceased, please indicate name and date of death.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2.b. Decedent's former spouse(s) (due to death or divorce). (Please provide name, age, and address. If the former spouse is deceased, please indicate name and date of death. If Decedent and former spouse were divorced please indicate name of former spouse and date of divorce.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Children of the Decedent, or descendants of deceased children. (Please provide name, age, and address. If any of the children are deceased, please indicate name and date of death. In addition, please indicate if Decedent has any grandchildren from the predeceased children and specify their name, age, and address. If any of the children are not biologically related to both the Decedent and Decedent's spouse at the time of Decedent's death, please provide the name of that particular child's other biological parent. If the surviving spouse has children who are not the children of the Decedent please indicate their names.)

---

---

---

---

---

---

---

---

---

---

4. Parents of the Decedent. (Please provide name, age, and address. If the parents are deceased, please indicate name and date of death.)

---

---

---

5. Siblings of the Decedent, or descendants of deceased siblings. (Please indicate if the relationship is that of a half-relative, i.e., half-brother or half-sister. Please provide name, age, and address of the Decedent's siblings. If any of the siblings are deceased, please indicate name and date of death. In addition, please list the children of the predeceased siblings, if any.)

---

---

---

---

---

---

---

---

6. Grandparents of the Decedent. (Please provide name, age, and address. If the grandparents are deceased, please indicate name and date of death.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If there are any relatives who have survived the Decedent and are not listed in the categories specified above, please provide name, relationship to the Decedent, age, and address. Please attach additional pages if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT I HAVE READ THE FOREGOING AFFIDAVIT OF HEIRS AND THE FACTS STATED HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print name and address of Affiant

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ personally known to me (or who has produced \_\_\_\_\_ as identification) and who appeared to me  by physical presence  by means of audio-video communication technology and who  did  did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_