## **AFFIDAVIT OF HEIRSHIP**

(Owner Name)

PROPERTY(IES) INVOLVED:		
Shell Lease Numbers & Names:		
Legal Description of Lease:		
I,	, residing at	
(Name)	(Address)	(City)
being first (State)	duly sworn, on oath, deposes and says that the ans	wers and other statements hereinafter set out
are true and correct.		
<ul><li>2. If related to decedent, state in what w</li></ul>	quainted with decedent?	
3. When and where did decedent die?		
4. How old was decedent at time of deat	th?	
5. So far as you know, was decedent of	sound mind at time of death and during his/her entit	ire life?
6. Was decedent (circle one): married, w	widowed, divorced or single (never married) at time	e of death?
7. If married, give name and address of	surviving husband or wife	(Name)
(Address)	(City)	(State)

## 8. If widowed, please attach a copy of deceased spouse's death certificate.

9. How many times was decedent married? \_\_\_\_\_. If married more than once, give names of prior spouses, indicating whether marriage was terminated by death or divorce, and giving date of termination of marriage and address of each former spouse now living.

Name Of Former Spouse	Marriage Terminated By Death Or Divorce	Date Of Termination	Address If Living

10. Were Decedent's minerals inherited?	If not,	, date	minerals	were	acquired:	 (Please	attach	a
breakdown if multiple mineral interests are involved	d)							

11. Did decedent leave a will?

12. Was will probated or other administration had on decedent's estate? \_\_\_\_\_\_ If so, give county and state of such

proceedings \_\_\_\_\_

13. To your knowledge, are there any debts still owing by decedent's estate? \_\_\_\_\_ If so, will decedent's personal

estate be sufficient, in your opinion, to pay such debts?

14. Give the information called for in the following table with reference to all children, whether living or dead, born to decedent, designate adopted child or children.

Name of Child's	Name of Child	Birthdate	Mailing Address	Living or	If Deceased
Other Parent				Deceased	Give Date

15. Give information called for in the following table concerning descendants of any deceased child (whether natural, or adopted). If no descendants, state so.

Name Of Deceased Child	Descendants	Birthdate	Mailing Address	Living or Deceased	If Deceased Give Date
					Give Dute

16. If decedent left no surviving spouse or child or descendants of a child, then list names of decedent's parents and brothers and sisters and give information called for in the following tables. If half brother or sister, state whether maternal or paternal.

	Name	Age	Mailing Address	Living or	If Deceased
				Deceased	Give Date
Father					
Mother					
Sibling (Brother/Sister)					
Sibling					
(Brother/Sister)					
Sibling					
(Brother/Sister)					

17. Descendants of deceased brother(s) and/or sister(s). If none, state so.

Name of Deceased	Descendants	Age	Mailing Address	Living or	If Deceased
Sibling				Deceased	Give Date

18. If decedent left no children or their descendants, father or mother, brother(s) and/or sister(s), or their descendants, then give the information called for in the following tables.

	Name	Age	Mailing Address	Living or	If Deceased
		_		Deceased	Give Date
Paternal Grandfather					
Paternal					
Grandmother					
Maternal					
Grandfather					
Maternal					
Grandmother					

Name	Uncle Or Aunt	Age	Paternal Or Maternal	Mailing Address	If Deceased Give Date

Name Of Deceased	Descendants	Age	Mailing Address	Living or	If Deceased
Uncle Or Aunt				Deceased	Give Date

[Signature Blocks Appear on Following Page]

Signature Page for that certain Affidavit of Heirship

regarding \_\_\_\_\_\_ dated \_\_\_\_\_

(SIGNATURE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_DAY OF \_\_\_\_\_, 201\_.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES:

## CORROBORATING AFFIDAVIT

I, \_\_\_\_\_\_, of lawful age, being first duly sworn, upon his/her oath states: That the information given in the above and foregoing affidavit is true, and accurate, to the personal knowledge of this affiant.

(SIGNATURE)

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_DAY OF \_\_\_\_\_, 201\_.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: