

UNITED STATES DEPARTMENT OF THE INTERIOR

AFFIDAVIT OF FAMILY HISTORY – 1

The following questions, and your answers to them, are proposed for inclusion in the record for the probate estate of \_\_\_\_\_.

1. What is your name? \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

2. What is your relationship to the decedent? \_\_\_\_\_

3. Your address: \_\_\_\_\_

4. What was the cause of Decedent's death: Natural Causes \_\_\_\_\_ Accident \_\_\_\_\_ Homicide \_\_\_\_\_

If due to a homicide, who was the responsible party? \_\_\_\_\_

5. Do you know of claims against the estate? \_\_\_\_\_ If "yes," please identify the

Claimant(s)

Address(es)

Approximate Amount (s)

Claimant(s)	Address(es)	Approximate Amount (s)

6. If a Will is on record, a copy is enclosed for your review. If not, do you know if the decedent made a Will? \_\_\_\_\_. If your answer is "Yes," please forward the original instrument to this office or advise where you believe it may be located: \_\_\_\_\_

\_\_\_\_\_

7. If a Will copy is enclosed, do you know of any later Will? \_\_\_\_\_ If your answer is "yes," please forward the original instrument to this office or advise where you believe it may be located:

\_\_\_\_\_

\_\_\_\_\_

8. If a will copy is enclosed, after you have reviewed it, do you know of any legal objection to its admission and approval? \_\_\_\_\_ If "yes," please state the legal objection: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Please fill in all spaces of the following Pages of this Affidavit of Family History





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Collateral Relatives. – complete only if the decedent left no living children, grandchildren, or parent, sibling or child of deceased sibling.

Line of descent from common ancestor or decedent: Names of heir’s parents and grandparents in line from common ancestor by letters f, m, gf, gm, mg, ggm, etc. Complete only if they are heirs at law. Use separate sheet if necessary.

Names of nearest relatives who survived the decedent	Date of birth	If dead, give date; & use extra sheets for surviving family	How related	Tribe and/or ID Number

Miscellaneous Information.

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Date Will Executed:

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(Give date and forward all copies to ALJ. If no will, indicated “None”. List all wills in inverse order of execution.)

Scrivener, Witnesses, and Addresses:


Beneficiaries:

Names, dates of birth, tribe & ID’s, relation to decedent of all beneficiaries, and of lineal descendants of any beneficiary who is related to will-maker & who predeceased him. (Use separate page, if necessary.)

Name	DOB	Tribe and/or ID#	Relationship to decedent

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Adoptions

Names, dates of adoptions, what court, names of natural parents, and adoptive parents, with ID of both.

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Parties, Creditors, Agencies, and Witnesses

Names & Address of all heirs at law, beneficiaries (if a will was made), Will Witnesses, Agencies submitting Inventories & Creditors.

Name	Address 1	Address 2	City	State	Zip

If more space is needed, please use the reverse side or attach an additional page.

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10. Other question(s) necessary to administration of this estate. (If the following space is blank, there are no further questions on this page for you to answer.) \_\_\_\_\_

\_\_\_\_\_

Response(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If more space is needed, use the reverse side. You may also attach additional pages, if necessary.)

STATE OF \_\_\_\_\_ )

)

ss.

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, of lawful age being first duty sworn upon oath, states: That he/she has personally completed the forgoing Affidavit of Family History and that all responses to questions contained in this instrument are true and correct.

\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_.

Commission Expires:

\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC