

STATE OF ILLINOIS**UNITED STATES OF AMERICA****COUNTY OF DU PAGE****IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT**

IN RE THE ESTATE OF

DECEASED

CASE NUMBER

File Stamp Here

**AFFIDAVIT OF HEIRSHIP
COLLATERAL HEIRS
(NO DESCENDENTS)**

The undersigned, on oath states:

1. The decedent, died on _____ at _____ at the age of _____

2. I am of legal age, I reside at _____

I am a _____ of the decedent. I am not related to the decedent, but have
Relationship

knowledge of decedent's heirship as a result of the following:

3. ☐ The decedent was never married
- ☐ The decedent was married _____
Number of Marriages

The following is the information with respect hereto:

Name of Spouse	Marriage Terminated (by death or divorce)	Predeceased Decedent - P
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

4. No child was born or adopted by decedent.

5. The decedent's parents were:

Father _____ ☐ Survived ☐ Predeceased DecedentMother _____ ☐ Survived ☐ Predeceased Decedent

6. The following children were born or adopted by decedent's parents:

	Brothers or Sisters Name	Predeceased P	Spouses Name if Married
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

7. The above (section 6) brothers and sisters who predeceased the decedent and who had children born or adopted.

	Name of Niece or Nephew	By Brother or Sister Number	Predeceased P	Spouses Name if Married
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

8. The above (section 7) nieces and nephews who predeceased the decedent and who had children born or adopted.

	Name of Great Niece or Nephew	By Niece or Nephew Number	Predeceased P	Spouses Name if Married
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Based on the foregoing, decedent left surviving as his or her heirs the following, all of whom survived the decedent, and in the absence of any indication of the contrary, are of legal age, are mentally competent, and if children, are natural children.

Date

Affiant

Name: _____ ☐ Pro Se

Subscribed and sworn to before me

DuPage Attorney Number: _____

Attorney for: _____

Date

Address: _____

City/State/Zip: _____

Circuit Clerk or Notary Public

Telephone Number: _____

Email: _____