

NOTE: The Affidavit of Heirship must be signed by someone who is not an heir or other person with an interest in the estate of the deceased.

AFFIDAVIT OF HEIRSHIP

STATE OF ALASKA

_____ JUDICIAL DISTRICT

_____ [name of Affiant, i.e. the person making affidavit], of _____ [city], State of Alaska, the Affiant, being of lawful age, being first duly sworn according to law, upon oath deposes and says:

_____ [name of deceased], the Deceased, passed away at _____ [city/town] at _____, _____ [city & state] on or about _____, 20____ [date of death], being _____ years old at the date of his/her death.

The Affiant was personally well acquainted with the Deceased during his/her lifetime, having known him/her for _____ years, and that the Affiant has the following relationship to the Deceased, namely: _____ [nature of Affiant's relationship to the Deceased].

Affiant further states that the following information concerned the Deceased is true and correct as indicated below and is based on personal knowledge.

Section I

1. The Deceased was born on or about _____, 20____.
2. Did the Deceased leave a Will? _____ [If unknown, state "Unknown"].
3. Is there a court decree relating to the Deceased which could affect the Deceased's property and/or entitlement to the property? _____ [e.g. divorce, separation, child support, property settlement] [IF YES, ATTACH COPY OR SUPPLY INFORMATION.]
4. What was the Deceased's marital status at the time of his/her death? _____
Name of Spouse: _____
Address: _____
Degree of Native Blood: _____
5. Was the Deceased previously married to any other person? _____ If so, give the following information: [list in order of marriage]

Name of Former Spouse	Living or Dead	How Marriage Terminated

6. Did the Deceased have any children? _____ [If no, skip the following question and proceed to Section II].

7. The Deceased had the following children: *[Include children that were adopted and children adopted to another family.]*

Name of Child:			
Address:			
Degree of Native Blood:		If deceased, date of death:	
Name(s) of children:			
If adopted out, names of adoptive parents:			

Name of Child:			
Address:			
Degree of Native Blood:		If deceased, date of death:	
Name(s) of children:			
If adopted out, names of adoptive parents:			

THIS IS A 4-PAGE FORM.