|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | IN THE CIRCUIT COURT, FOURTH  JUDICIAL CIRCUIT, IN AND FOR  DUVAL COUNTY, FLORIDA | | | |  |
| IN RE: THE ESTATE OF |  |  | | | |  |
|  |  |  | | | |  |
|  |  |  | | | |  |
| *Name of Deceased* |  |  | | | |  |
|  |  | CASE NO.: |  | | | |
|  |  | DIVISION: PR - | |  |  |  |

**AFFIDAVIT OF HEIRS**

**(Fla. Stat. 732.103)**

Updated 7/10/2025

For purposes of this document, you must list ALL RELATIVES of the decedent. If the relative was deceased at the time of the decedent’s death, please provide the deceased relative’s name, indicate deceased, and date of death. Answering with an n/a, not applicable, or any other such designation is inappropriate for this document. If there are no other relatives for a particular category, write “None.” When appropriate, you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

1. **SPOUSE OF DECEDENT**. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

|  |  |  |
| --- | --- | --- |
| Name and address of last spouse | Decedent’s marital status at time of death | Does the last spouse have any descendants not of the Decedent? |
|  | Married Widowed  Divorced Never Married | Yes  No |

2. **CHILDREN OF THE DECEDENT, OR DESCENDANTS OF DECEASED CHILDREN**. **INCLUDE ADOPTED CHILDREN**. Please list the name of each child born or legally adopted by the deceased. You must provide their name, age, and address, and if deceased, and date of death. You must also provide the name of each child’s legal parents.

The DECEASED had no children \_\_\_\_\_\_\_\_\_

a. Child 1

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Name of Parents: |  |

b. Child 2

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Name of Parents: |  |

c. Child 3

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Name of Parents: |  |

d. Child 4

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Name of Parents: |  |

e. Child 5

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Name of Parents: |  |

(Attach additional pages as needed)

3. **PARENTS OF THE DECEDENT**. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

a. Parent 1

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

b. Parent 2

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

|  |  |  |
| --- | --- | --- |
|  | If all of the Estate’s beneficiaries have been accounted for (i.e., none of the decedent’s children have died), you may skip sections remaining sections and proceed to the verification on the last page. |  |

4. **GRANDCHILDREN OF DECEDENT**. Provide the following information regarding the decedent’s grandchildren, born only to the deceased children in section 2 above. If a grandchild has died, also provide the required information regarding the descendant of the deceased grandchild:

There are no children of deceased children \_\_\_\_\_\_\_

a. Grandchild 1

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| Parents: |  |

b. Grandchild 2

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| Parents: |  |

c. Grandchild 3

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| Parents: |  |

d. Grandchild 4

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| Parents: |  |

e. Grandchild 5

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| Parents: |  |

f. Grandchild 6

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| Parents: |  |

(Attach additional pages as needed)

5. **SIBLINGS OF THE DECEDENT.** (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

a. Sibling 1

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

b. Sibling 2

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

c. Sibling 3

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

d. Sibling 4

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

(Attach additional pages as needed)

6. **CHILDREN OF DECEASED SIBLINGS.** Nephews/Nieces. If a sibling of the deceased has passed away, please provide the name, age, and address of their children. (Or if deceased, provide name, indicate deceased, and date of death).

a. Niece/Nephew 1

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Parents: |  |

b. Niece/Nephew 2

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Parents: |  |

c. Niece/Nephew 3

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Parents: |  |

d. Niece/Nephew 4

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |
| Parents: |  |

(Attach additional pages as needed)

7. **GRANDPARENTS OF THE DECEDENT**. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

a. Grandparent 1

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

b. Grandparent 2

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

c. Grandparent 3

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

d. Grandparent 4

|  |  |
| --- | --- |
| Name: |  |
| Age/DOB: |  |
| Address: |  |
| If deceased, DOD: |  |

8.  **KINDRED** of the last deceased spouse (ONLY IF filing intestate and is not previously listed above). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |

9. I, the affiant, am  am not  related to the decedent as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have known the decedent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years. Decedent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.**

Affiant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Affiant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

&

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Attorney\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bar Number­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged by me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification.

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

Notary Public, State of Florida at Large

My Commission Expires