IN THE CIRCUIT COURT, FOURTH

JUDICIAL CIRCUIT, IN AND FOR

DUVAL COUNTY, FLORIDA.

IN RE: ESTATE OF

CASE NO.: 16‑\_\_\_\_\_\_\_-CP‑\_\_\_\_\_\_

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

Name of Deceased DIVISION: PR‑\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/

**AFFIDAVIT OF HEIRS**

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).

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2. **CHILDREN OF THE DECEDENT, OR DESCENDANTS OF DECEASED CHILDREN**. **INCLUDE ADOPTED CHILDREN**. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If any of the children are not biologically related to both the decedent and the spouse at the time of death, provide the name of that particular child’s biological parent.

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

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4. **SIBLINGS, AND DESCENDANTS OF THE DECEASED SIBLINGS. INCLUDE ADOPTED CHILDREN**. You must indicate whether the relationship is that of a half-relative (i.e. half-brother or half-sister). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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

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6. **AUNTS AND UNCLES OF THE DECEDENT. INCLUDE ADOPTED CHILDREN**. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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7. **KINDRED OF 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).

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8. 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