

DEATH AFFIDAVIT QUESTIONNAIRE

| NAME: _____ | | REQUEST DATE: _____ |
|--|--|---|
| PHONE: _____ | | EMAIL: _____ |
| | | DATE NEEDED: _____ |
| I. AFFIDAVIT INFORMATION | | |
| 1. Preparer's Name and Address: | Name: _____ Address: _____ City: _____ State: _____ Zip: _____ | |
| 2. Petitioner's Name and Address: | Name: _____ Address: _____ City: _____ State: _____ Zip: _____ | |
| 3. Affidavit to be Filed: | State: _____ County: _____ | |
| 4. Name of Decedent: | _____ | |
| 5. Decedent's Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| 6. Decedent's SSN: | _____ | |
| 7. Date of Death: | _____ | |
| 8. Full Value of Estate: | _____ | |
| 9. Property being claimed by Petitioner: | _____ | |
| 10. Days Elapsed: | _____ | State requirement on how many days must have elapsed since the decedent's death. |
| 11. Date to be signed: | _____ | |