



10. Give the names of all spouses of the decedent and their address or date of death:

NAME OF SPOUSE	DATE OF MARRIAGE	ADDRESS OR DATE OF DEATH

11. Complete the following table with respect to all children of the Decedent, whether living or dead, natural or adopted.

NAME OF CHILD	BIRTH DATE	BY WHICH SPOUSE	ADDRESS OR DATE OF DEATH

12. Were any of the Decedent's children adopted and if so, which one(s) and when? \_\_\_\_\_

\_\_\_\_\_

13. Complete the following table with respect to all children of every deceased child (if any) of the Decedent:

NAME OF RELATIVE	CHILDREN OF THE DECEASED CHILD	ADDRESS OR DATE OF DEATH

14. If the Decedent was not survived by any children or grandchildren, then give below the names and addresses of the Decedent's father, mother and all brothers and sisters:

NAME OF RELATIVE	RELATIONSHIP	ADDRESS OR DATE OF DEATH

14. If the Decedent was not survived by any children or grandchildren, then give below the names and addresses of the Decedent's father, mother and all brothers and sisters (continued):

NAME OF RELATIVE	RELATIONSHIP	ADDRESS OR DATE OF DEATH

15. If any of decedent's brothers or sisters listed above are deceased, give the name and address of the deceased sibling's children.

NAME OF RELATIVE	RELATIONSHIP	ADDRESS OR DATE OF DEATH

\_\_\_\_\_ Affiant's Signature

STATE OF \_\_\_\_\_

COUNTY/PARISH OF \_\_\_\_\_

\_\_\_\_\_, of lawful age, being first duly sworn, upon his oath states that the information given in the above and foregoing affidavit is true to the personal knowledge of this affiant.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_ Notary Public

My Commission expires \_\_\_\_\_