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Affidavit of Heirship

State: Alabama

County: _____

I, the undersigned, being of lawful age, do attest and confirm the following facts under penalty of perjury:

1. My legal name is as follows: _____.

2. My address is as follows:

3. My date of birth is _____.

4. I am a neutral, disinterested party in the administration of the estate of the following individual: _____ ("Decedent").

5. I personally knew the Decedent and have personal knowledge of the facts of Decedent's family and marital history. I knew the Decedent from _____ until _____.

6. Decedent was my _____.

7. Decedent passed on _____.

8. Decedent died in the following location:

_____ - _____, Alabama

9. The Decedent resided at the following address at the time of death:

Street Address & Number: _____

City & State: _____, Alabama

Zip Code: _____

County: _____

10. Decedent's marital history was as follows: Decedent was never married.

11. Decedent had no children.

12. Decedent had no grandchildren.

13. Decedent's parents details are as follows:

Name of Mother: _____

Current Address:

Name of Father: _____

Current Address:

14. Decedent was survived by the following siblings:

15. Decedent was also survived by the following heirs:

16. To my knowledge, Decedent left a will. The will has been admitted to probate in the following location:

City, State: _____

County: _____

17. Decedent left the following real property:

18. Decedent left the following unpaid debts:

19. I provided the following form of identification to the Notary Public to prove my identification:

20.

21.

I swear under penalty of perjury that I am the party described above and that all statements in this Affidavit of Heirship are true and correct.

Signature: _____

Date: _____

State of Alabama Notarization:

State: Alabama

County: _____

On the following date: _____ before me personally appeared the above signatory. I am a Notary Public in and for the state of Alabama and the signatory above is personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name is signed herein and acknowledged that he/she/they executed the same.

WITNESS my hand and official seal:

Seal:

Name: _____

Signature: _____

My commission expires: _____