



Aurelia Mitchell Trust

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CONFIDENTIAL

(NOTE: This is to be filled out and signed by two Affiants. An Affiant is a disinterested witness who will never inherit from the Trust.

AFFIDAVIT OF HEIRSHIP

COUNTY OF HARRIS §

STATE OF TEXAS §

Before me, the undersigned authority, on this day personally appeared _____ (affiant name)
_____ (affiant name)

who, being first duly sworn, upon his/her oath states:

1. My name is _____ (affiant name), I am over the age of eighteen years, and I live at _____ (address of affiant). I am personally familiar with the family and marital history of _____ (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit. I knew decedent from _____ (date) until _____ (date).

My name is _____ (affiant name), I am over the age of eighteen years, and I live at _____ (address of affiant). I am personally familiar with the family and marital history of _____ (insert name of decedent), and I have personal knowledge of the facts stated in this affidavit. I knew decedent from _____ (date) until _____ (date).

2. Decedent died on _____ (date of death). Decedent's place of death was _____ (city/county of death). At the time of decedent's death, the decedent's residence was _____ (decedent's residence).

3. Decedent's marital history was as follows: _____ (marital history; if decedent's spouse is deceased, include date and place of spouse's death).

4. Decedent had the following biological or adopted children (full name, birth date, current address, and name of other parent).

5. If the decedent had a child(ren) who are now deceased, list each name and date of death. List the name, birth date and current address for each of the deceased child's children or state "none".

6. Include only if decedent was not survived by descendants. Decedent's mother was: _____
(insert name, birth date, and current address or date of death of mother, as applicable).

7. Include only if decedent was not survived by descendants. Decedent's father was: _____
(insert name, birth date, and current address or date of death of father as applicable).

8. Include only if decedent was not survived by descendants. Decedent had the following siblings (insert name, birth date, and current address or date of death of each sibling and parents of each siblings and descendants of each deceased sibling, as applicable, or state "none"):

9. (Optional.) The following persons may have additional knowledge regarding the decedent, the identity of decedent's children, parents, or siblings, if any: _____
_____ (names of persons and phone number with knowledge, or state "none").

10. Decedent died without leaving a written will. ___ yes ___ no
___ There has been no administration of decedent's estate.
___ There has been administration of decedent's estate as follows _____

Signature of Affiant

Signature of Affiant

Sworn to and subscribed to before me this _____ day of _____, 20_____.

Stamp of Notary

Signature of Notarizing Officer