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| **STATE OF**      | **COUNTY OF**      |
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|       | states that |       | is a resident of the State of |       |
| and that |       | is an heir at law of |       | ,who died intestate on or about the |
|       | day of |       | ,       | , a resident of |       | County in the State of |
|       | and that at the time of death of said |       | was |       | and |
| left surviving |       | the following persons as |       | only heirs at law having an estate of |
| inheritance in |       | land, to wit: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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 |
| **NAME** | **AGE** | **ADDRESS** | **RELATIONSHIP** | **INTEREST INHERITED (%)** |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
| In testimony whereof, I hereunder subscribe my name to this Affidavit of Descent on this the \_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_. |
| **SIGNATURE** *(affiant)*  |
|  |  | Subscribed and sworn to before me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this the \_\_\_\_\_\_\_\_\_\_\_\_\_day of |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
| **NOTARY PUBLIC** | **MY COMMISSION EXPIRES** |

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