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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **STATE OF** | | | **COUNTY OF** | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | 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: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | **NAME** | | | **AGE** | **ADDRESS** | | **RELATIONSHIP** | **INTEREST INHERITED (%)** | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | |  | | |  |  | |  |  | | 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** | | | |