

<p style="text-align: center;">IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA; PROBATE DIVISION</p> <p>IN RE: ESTATE OF _____</p> <p style="text-align: right;">File No. _____</p> <p style="text-align: center;">Deceased. Division _____</p>	E-7
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AFFIDAVIT OF HEIRS

For purposes of this document, you must list ALL RELATIVES of the decedent. If the relative was deceased at the time of the decedent’s death, please provide the deceased relative’s name, indicate deceased, and date of death. Answering with an n/a, not applicable, or any other such designation is inappropriate for this document. If there are no other relatives for a particular category, write “None.” When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

1. Spouse of Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

2. Children of the Decedent, or descendants of deceased children. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If any of the children are not biologically related to both the decedent and the spouse at the time of death, provide the name of that particular child’s biological parent.

3. Parents of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

4. Siblings, and descendants of the deceased siblings. You must indicate whether the relationship is that of a half-relative (i.e. half-brother or half-sister). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

5. Grandparents. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

6. Aunts and Uncles of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

7. Kindred of last deceased spouse (ONLY IF filing intestate and is not previously listed above). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

8. I, the affiant, am _____ am not _____ related to the decedent as follows _____
_____. I have known the decedent for _____ years. Decedent
_____ died on _____.

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.

Affiant Signature

Date

Print Name of Affiant

**Affiant's Address &
Telephone Number**

Name of Attorney

Bar Number

FURTHER AFFIANT SAYETH NOT.

State of _____

City of _____

County of _____

The foregoing instrument was acknowledged by me this _____ day of _____ 20_____,
who is personally known to me or who has produced _____
as identification.

Notary Public, State of Florida at Large

My Commission Expires:

*The attorney e-filing this affidavit is required to retain a copy of the original.