

AFFIDAVIT OF FACTS INFORMATION SHEET

Please provide the following information in connection with the preparation of an Affidavit of Facts (aka Affidavit of Disinterested Persons or of Heirship). It is necessary that we have **two** capable persons who were acquainted with your family and who will execute an Affidavit. After completing the form, please return it to our office. Our office will then prepare and forward the prepared Affidavits for execution by these two persons.

Value of Decedent's Estate: _____

Has an estate administration been opened in any state? _____

Did Decedent leave a valid Will? _____

Have all debts of the estate been paid? _____

Did the Decedent receive Medicaid funds for cost of services, hospital services, and prescription drugs supported by Medicaid under any of the following programs: (i) nursing facility; (ii) intermediate care facility for person with mental retardation which includes state schools; (iii) Medicaid waiver programs, including: Community Living Assistance an Supported Services; Deaf-Blind with Multiple Disabilities; Home and Community-based Services; Texas Home Living Program; Consolidated Waiver Programs; Community-Based Alternatives, which includes Star Plus Services; Community Attendant Services? Yes ___ or No ___

1ST DISINTERESTED PERSON (This person cannot be in a position to inherit property from the Decedent):

Name: _____

Address: _____

County of Residence: _____

E-Mail Address: _____

**Relationship to Decedent/Decedent's Spouse/or Both
(Friend, Neighbor, Pastor, Doctor, Etc.):**

Length of time Affiant was acquainted with Decedent and your family:

2ND DISINTERESTED PERSON (This person cannot be in a position to inherit property from the Decedent):

Name: _____

Address: _____

County of Residence: _____

E-Mail Address: _____

**Relationship to Decedent/Decedent's Spouse/or Both
(Friend, Neighbor, Pastor, Doctor, Etc.):**

Length of time Affiant was acquainted with Decedent and your family: _____

DECEDENT'S INFORMATION

Full Name of Decedent: _____

Date of Birth: _____

**Place of Birth
(city, county & state):** _____

Date of Death: _____

**Place of Death
(city, county & state):** _____

Legal residence at date of death (city, county & state): _____

Length of Time as Resident in County: _____

REAL PROPERTY OWNED BY DECEDENT

IS THIS PROPERTY SEPARATE OR COMMUNITY? _____

Legal Description of Property (Lot and Block Description or Attach copy of Deed/Title Policy): _____

DECEDENT'S SPOUSE(S) INFORMATION

1ST Marriage (or only marriage):

Full Name of Spouse: _____

Date of Marriage: _____ Place of Marriage: _____ [city]
_____ [state]

Did Decedent's spouse predecease Decedent? _____ Date of Death: _____
Age of Death: _____ Place of Death: _____ [city]
_____ [state]

Did Decedent divorce spouse? _____ Date of Divorce: _____
Place of Divorce: _____ [city]
_____ [state]

2ND Marriage:

Full Name of Spouse: _____

Date of Marriage: _____ Place of Marriage: _____ [city]
_____ [state]

Did Decedent's spouse predecease Decedent? _____ Date of Death: _____
Age of Death: _____ Place of Death: _____ [city]
_____ [state]

Did Decedent divorce spouse? _____ Date of Divorce: _____
Place of Divorce: _____ [city]
_____ [state]

CHILDREN OF 1ST MARRIAGE (or only marriage):

NAME: _____

Address (if deceased, please omit): _____

Current Marital Status: _____

Date of Birth: _____ Date of Death (if applicable): _____

If deceased, surviving children, and their dates of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

NAME: _____

Address (if deceased, please omit): _____

Current Marital Status: _____

Date of Birth: _____ Date of Death (if applicable): _____

If deceased, surviving children, and their dates of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

NAME: _____

Address (if deceased, please omit): _____

Current Marital Status: _____

Date of Birth: _____ Date of Death (if applicable): _____

If deceased, surviving children, and their dates of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

CHILDREN OF 2ND MARRIAGE:

NAME: _____

Address (if deceased, please omit): _____

Current Marital Status: _____

Date of Birth: _____ Date of Death (if applicable): _____

If deceased, surviving children, and their dates of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

NAME: _____

Address (if deceased, please omit): _____

Current Marital Status: _____

Date of Birth: _____ Date of Death (if applicable): _____

If deceased, surviving children, and their dates of birth:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____