

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

HEIR AFFIDAVIT

I, THE UNDERSIGNED AFFIANT, DO HEREBY SWEAR AND AFFIRM THAT THE FOLLOWING INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

- (1) _____ (“decedent”) died on _____ without a will.
- (2) The Decedent’s marital status as the time of death was married ____ unmarried ____.
- (3) Decedent was survived by _____ children:

	married ____	unmarried ____.

These children were the sole heirs to Decedent’s property at the time of death.

- (4) Additionally, the following children predeceased Decedent:

	Date of Death: _____
	Date of Death: _____
	Date of Death: _____

- (5) I ATTEST TO THE ACCURACY OF THIS INFORMATION AND FURTHER HEREBY AGREE TO HOLD HARMLESS BARRISTERS TITLE SERVICES AND THEIR AFFILIATES FROM THE INACCURACY OF ANY OF THE INFORMATION HEREIN AND FROM ANY CLAIMS ARISING FROM SAID INACCURACY.

THIS THE _____ DAY OF _____, 2018.

**Affiant

**Affiant

SWORN TO AND SUBSCRIBED BEFORE ME,
THIS THE _____ DAY OF _____, 2018.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

(SEAL)