

# FLORIDA AFFIDAVIT OF HEIRSHIP

Governed by Fla. Stat. § 732.103 | § 732, Part I (Intestate Succession) | § 92.50

**IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR [ ] COUNTY, FLORIDA**

IN RE: THE ESTATE OF [ ] CASE NUMBER: [ ]

Probate Division

/ [ ] Deceased.

**AFFIDAVIT OF HEIRS  
(§ 732.103, Fla. Stat.)**

*For purposes of this document, you must list ALL RELATIVES of the decedent, including yourself, if applicable. 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 n/a, not applicable, or any other such designation is inappropriate for this document. If there is no person in the respective category, please indicate 'None.' When appropriate you must indicate if the relationship is that of a half-relative (i.e., half-brother or half-sister). NOTE: Under Fla. Stat. § 732.105, half-blood relatives take one-half the share of whole-blood relatives of the same class. You must identify all half-blood relationships where applicable.*

I, the undersigned, [ ] (your name), do hereby state the decedent

[ ] (name) died on [ ]

and that as of the Decedent's date of death, the Decedent had the following heirs:

**1. Spouse of the Decedent**

List the lawful spouse of the decedent as of the date of death. If there was no surviving spouse, check the box below. Indicate if a half-blood relationship is relevant per § 732.105.

Name	[ ]
Age / DOB	[ ]
Address	[ ]
If Deceased — DOD	[ ]

Did the spouse have children who were not also children of the deceased?

Yes  No

2. No Surviving Spouse

**2. Children of the Decedent**

List all biological and legally adopted children of the decedent, including any children of a prior relationship. Indicate whether each child is of whole-blood or half-blood.

The Deceased had No Children

**1. Child 1**

Name	[ ]
Age / DOB	[ ]
Address	[ ]
If Deceased — DOD	[ ]
Name of Parents	[ ]

**2. Child 2**

Name	
Age / DOB	
Address	
If Deceased — DOD	
Name of Parents	

**3. Child 3**

Name	
Age / DOB	
Address	
If Deceased — DOD	
Name of Parents	

**4. Child 4**

Name	
Age / DOB	
Address	
If Deceased — DOD	
Name of Parents	

**5. Child 5**

Name	
Age / DOB	
Address	
If Deceased — DOD	
Name of Parents	

*(Attach additional pages as needed)*

**3. Children of the Deceased Children**

List children of any of the decedent’s children who predeceased the decedent. These grandchildren may take their parent’s share by representation under § 732.104.

There are no children of deceased children

**1. Grandchild 1**

Name	
Age / DOB	
Address	
Parent (Deceased Child)	

**2. Grandchild 2**

Name	
Age / DOB	
Address	
Parent (Deceased Child)	

**3. Grandchild 3**

Name	
Age / DOB	
Address	
Parent (Deceased Child)	

**4. Grandchild 4**

Name	
Age / DOB	
Address	
Parent (Deceased Child)	

**5. Grandchild 5**

Name	
Age / DOB	
Address	
Parent (Deceased Child)	

**6. Grandchild 6**

Name	
Age / DOB	
Address	
Parent (Deceased Child)	

*(Attach additional pages as needed)*

**4. Parents of the Decedent**

List both parents of the decedent. If a parent is deceased, provide the date of death. Parents inherit only if the decedent left no surviving spouse or descendants.

**1. Parent 1 (Mother / Father)**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**2. Parent 2 (Mother / Father)**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**5. Siblings of the Decedent**

List all brothers and sisters of the decedent, including half-siblings (indicate 'half' where applicable per § 732.105). Include deceased siblings with their date of death.

**1. Sibling 1**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**2. Sibling 2**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**3. Sibling 3**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**4. Sibling 4**

Name	
Age / DOB	
Address	
If Deceased — DOD	

*(Attach additional pages as needed)*

**6. Children of Deceased Siblings—Nephews/Nieces**

List children of any deceased siblings. These nephews and nieces may take by representation their deceased parent’s share in the estate.

**1. Nephew / Niece 1**

Name	
Age / DOB	
Address	
If Deceased — DOD	
Parents (Deceased Sibling)	

**2. Nephew / Niece 2**

Name	
Age / DOB	
Address	
If Deceased — DOD	
Parents (Deceased Sibling)	

**3. Nephew / Niece 3**

Name	
Age / DOB	
Address	
If Deceased — DOD	
Parents (Deceased Sibling)	

**4. Nephew / Niece 4**

Name	
Age / DOB	
Address	
If Deceased — DOD	
Parents (Deceased Sibling)	

**7. Grandparents of the Decedent**

List all four grandparents of the decedent. Grandparents inherit only if the decedent left no spouse, descendants, or parents.

**1. Grandparent 1 (Paternal Grandfather)**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**2. Grandparent 2 (Paternal Grandmother)**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**3. Grandparent 3 (Maternal Grandfather)**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**4. Grandparent 4 (Maternal Grandmother)**

Name	
Age / DOB	
Address	
If Deceased — DOD	

**8. Kindred of the Last Deceased Spouse**

ONLY IF filing intestate and such person(s) are not previously listed above. List the kin of the decedent's last deceased spouse who may share in the estate under § 732.103(5).

Name	
Relationship	

Name	
Relationship	

Name	
Relationship	

**[Optional] No Known Creditors Statement**

To the best of affiant's knowledge, information, and belief, the decedent had no outstanding debts, claims, or creditors as of the date of death, or all known debts have been paid or otherwise discharged.

Affiant confirms there are no known creditors.

**[Optional] Waiver of Notice**

The undersigned heir(s) hereby waive notice of any probate proceedings relating to this estate, including notice of the filing of any petition or petition for summary administration.

Affiant waives notice of probate proceedings.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Executed on:

Signature: \_\_\_\_\_ Print Name:

Phone Number:

Email Address:

Mailing Address:

STATE OF  COUNTY OF

The foregoing instrument was sworn to, subscribed and acknowledged this day:  day of , 20, by  who is  personally known to me or  produced  as identification.

*(stamp)*

Notary Public — State of Florida

**(Florida Best Practice — Disinterested Witnesses per § 733.301)**

**Witness 1**

Signature: \_\_\_\_\_  
Print Name:

**Witness 2**

Signature: \_\_\_\_\_  
Print Name: