



AFFIDAVIT OF HEIRS

CITY OF RACINE CEMETERIES

IN THE MATTER OF _____
(Decedent's full name)

- Mound Cemetery
- Graceland Cemetery

Grave Number _____ Lot _____ Block _____
 Crypt Number _____ Section _____
 Niche Number _____ Row _____ Section _____

UNDER OATH, I ANSWER TO THE FOLLOWING QUESTIONS:

1. What is your name, address, and relationship to the decedent?

Name	Address	Relationship
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2. Check the box and provide the requested date, if any.

- Decedent left a will dated _____
- Decedent left a codicil dated _____
- Decedent left no known will

3. If the decedent left a will,

- a copy of the will is attached
- OR
- I do not have a copy of the will, but it is on file with the Probate Court of _____ County.

4. Was the decedent survived by a spouse or domestic partner? Yes No

If YES, provide spouse or domestic partner's name _____

Is spouse or domestic partner now deceased? Yes No

- 5a. Did the decedent have any children, whether living or deceased, natural or adopted?
 Yes No

If YES, list ALL names (including yours, if applicable) (including deceased and date of death):

Name of decedent's children	If deceased, date of death	Child's surviving spouse
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- 5b. For each **deceased child listed in 5a**, list his or her name and the names of his or her children (living or deceased, natural or adopted). If the deceased child had no children, write NONE under "Name of deceased child's child(ren)." If any of the deceased child's children are deceased, indicate the date of death of that child and the names of his or her descendants (living or deceased, natural or adopted).

See attached schedules

Name of deceased child in (5a)	Date of child's death	Name of deceased child's child(ren)
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6. For each **deceased child's child listed in 5b, along with further generations, attach a family tree or family history** that continues to list the names of the deceased, deceased's date of death, and name of each child of the deceased until each living heir is identified. If an individual is living, there is no need to list the child(ren) of the living.

See attached schedules

7. If there was or is a surviving spouse (regardless of whether the surviving spouse is still living), are all of the decedent's children listed in 5a also the children of the surviving spouse? Yes No

If NO, give details:

8. Are there currently-living persons listed in answers to questions 4 through 7?
• If YES, **skip** questions 9 through 11. • If NO, go to question 9.

9. Did the decedent leave surviving parents? Yes No

If YES, list names:

10a. If no surviving parent, did the decedent have brothers or sisters (living or deceased; whole blood, half blood, or adopted)? Yes No

See attached schedules

If YES, list names (if deceased, indicate date of death):

Name of decedent's sibling	If deceased, date of death	Sibling's surviving spouse
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10b. For each deceased brother or sister listed in 10a, list his or her name and the names of his or her children (living or deceased, natural or adopted). If any of his or her child(ren) is deceased, indicate the date of death of that child and the names of his or her descendants (living or deceased, natural or adopted): **See attached schedules**

Name of deceased brother or sister in (10a)	Date of death	Name of deceased brother or sister's children
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11. **If there are no living persons listed in questions 4 through 10**, list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the

person is living or deceased. Please continue listing children of deceased persons until a living person is named. See attached schedules

MATERNAL		PATERNAL	
Grandfather:		Grandfather:	
Grandmother:		Grandmother:	
Descendants:		Descendants:	

THE CLAIMANT/HEIR MUST SIGN THIS FORM AND HAVE IT PROPERLY ATTESTED BY A NOTARY PUBLIC

NOTARY PUBLIC

Subscribed and sworn to before me this
 _____ day of _____, 20__ at

 (County/State)

 Notary Public
 My commission _____

CLAIMANT/HEIR

 (signature of heir/claimant)

 (printed name of heir/claimant)

 (date)