

Return Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AFFIDAVIT (LACK OF PROBATE)

\_\_\_\_\_, being first duly sworn, deposes and says:

The undersigned affiant is the rightful heir to the real property described below, and is \_\_\_\_\_ (relationship to decedent)

of \_\_\_\_\_ (decedent), who died on (date)

\_\_\_\_\_, at

\_\_\_\_\_ *City* \_\_\_\_\_ *County* \_\_\_\_\_ *State*

**\*\*\* A CERTIFIED COPY OF THE DEATH CERTIFICATE MUST BE PRESENTED.**

PLEASE NOTE: A copy may be used for recording at the discretion of the county.

#### REGARDING DISPOSITION OF REAL PROPERTY:

Attach the full legal description of the property with county and parcel number being transferred which is located at a commonly recognized address of:

Abbreviated Legal Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Assessor's Property Tax Parcel/Account Number: \_\_\_\_\_

Decedent left no Last Will and Testament and/or Community Property Agreement; OR Decedent left a Community Property Agreement in favor of surviving spouse (A COPY OF WHICH IS ATTACHED for review), or has been recorded under \_\_\_\_\_ County recording number \_\_\_\_\_ ; OR

Decedent left a Last Will and Testament which HAS NOT been Probated or Revoked (A COPY OF WHICH IS ATTACHED for review)

“Heirs at law” includes surviving spouse, children, adopted children, issue of predeceased child or adopted child, parents, brothers and sisters of the decedent. Affiant hereby identifies all heirs at law of the decedent: (use additional pages if necessary)

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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*Full name, age, relationship, address*

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Dated : \_\_\_\_\_

\_\_\_\_\_  
*Affiant's full name*

\_\_\_\_\_  
*Telephone number*

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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State of \_\_\_\_\_ County of \_\_\_\_\_

I know or have satisfactory evidence that \_\_\_\_\_  
*(name of person)*

is the person who appeared before me, and said person acknowledged that (he/she) signed this affidavit and acknowledged it to be (his/her free and voluntary act for the uses and purposes mentioned in this affidavit.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public*

**(SEAL OR  
STAMP)**

Residing at: \_\_\_\_\_

**Notary Public in and for the State of** \_\_\_\_\_

My appointment expires: \_\_\_\_ / \_\_\_\_