

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF HEIRSHIP

1. **This form should be completed by someone other than an Heir.** This person should be someone who is familiar with the family history of the deceased (decedent), and **who will obtain no benefit** from the Estate.

The person who fills out the form is referred to as the “AFFIANT”.

2. The person completing this Affidavit should read carefully and answer all the questions that are applicable; paying particular attention to the name(s) and address(s) of the heir(s).
3. Sign the “Affidavit of Heirship” in front of a Notary Public, so **it can be notarized**.
4. **The completed, notarized form should be sent to the appropriate county for recording/filing.*** Recording/filing fees will apply; therefore, contact the clerk of court for the appropriate county to obtain fees and instructions for correctly recording/filing forms in that county. **Please have recorded forms returned to you for verification purposes.**
5. Please send copies of the recorded forms to Lime Rock Resources and **keep a copy for your files**.
6. Lime Rock Resources will complete the Ownership Transfer process once the recorded forms are received.

AFFIDAVIT OF HEIRSHIP

(FILL IN ALL BLANKS)

STATE OF _____ §

§

COUNTY OF _____ §

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|---------------------|--|-----------------|--|------|--|
| NAME OF DECEDENT: | | DATE OF DEATH: | | AGE: | |
| DECEDENT'S ADDRESS: | | | | | |
| | | CITY/STATE/ZIP: | | | |

AFFIANT'S Name: _____ and address is:
 [Name of person filling out form (cannot be an heir of the deceased)]

I am of lawful age and being duly sworn, upon oath, deposes and say that I was well acquainted, **but not an heir** of the deceased:
 _____, hereinafter referred to as "the Decedent,"
 (Name of the deceased)

and that the answers and statements given in the following questionnaire are based upon the Affiant's personal knowledge and are true and correct:

1. How long did you know the Decedent? Years _____ Whole Life _____ Other _____
2. How well did you know the Descendent? Very Well _____ Well _____ Other _____
3. What was your relationship to the Decedent? _____
4. Did the Decedent leave a will? Yes _____ No _____ I don't know _____
5. Was there any time during the Decedent's life when the Decedent was not of sound mind? Yes ___ No ___
6. Have any proceedings been commenced with respect to the Decedent's estate? Yes ___ No ___
 If yes, complete the following to the best of your knowledge: Proceedings were commenced in _____
County, State
 and the administrator is _____, residing at: _____
Administrator's Name **Administrator's Address:**
7. Are there any debts still owing by the Decedent's estate? Yes ___ No ___ If yes, will the size of the estate be sufficient in your opinion to pay such debts? Yes ___ No ___
8. At the time of death was the Decedent Single ___ Married ___ Divorced ___ Widow ___ Widower ___
 If married, what was the Decedent's surviving spouse's name? _____
9. If the Decedent was married at the time of death, what is the date of marriage, surviving spouse's present address or, if deceased, when did such surviving spouse die? _____
Date of Marriage **Address or Date of Death**
10. How many times was the Decedent married? None _____ or _____ time(s).

11. If one or more former spouses is deceased or divorced, state name, when and where such death or divorce occurred. If deceased, specify whether or not married to Decedent at the time of death.

| Name of Former Spouse | Date of Death | Date of Divorce | Place of Death or Place of Divorce | If deceased, were they married to Decedent at time of death? |
|-----------------------|---------------|-----------------|------------------------------------|--|
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12. What is the total number of Decedent's children by any spouse? _____
Complete the following table with respect to all children of the Decedent, whether living or deceased:

| Name of Child | Date of Birth & Age | Mailing Address or Date of Death | Name of Child's other Parent |
|---------------|---------------------|----------------------------------|------------------------------|
| | | | |
| | | | |
| | | | |

13. Were any of Decedent's children adopted? Yes _____ No _____ If Yes, which one(s) and when?

| Name of Adopted Child | Date of Adoption | Living or Deceased | Mailing Address or Date of Death |
|-----------------------|------------------|--------------------|----------------------------------|
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| | | | |
| | | | |

NOTE: If any child (natural or adopted) is now deceased, complete item #14 below, and furnish a separate Affidavit of Heirship for such child.

14. Complete the following table with respect to all children of every deceased child (if any) of the Decedent.

| Name of Decedent's Deceased Children | Children of Deceased Child | Date of Birth | Mailing Address or Date of Death |
|--------------------------------------|----------------------------|---------------|----------------------------------|
| | | | |
| | | | |
| | | | |

15. If any children or grandchildren did not survive the Decedent, then give below the names and addresses of the Decedent's father, mother, and all brothers and sisters.

| Name of Relative | Relationship | Age | Present Address or Date of Death |
|------------------|--------------|-----|----------------------------------|
| | | | |
| | | | |
| | | | |

16. If the Decedent was not survived by any children, grandchildren, father, mother, brothers or sisters, then give the names and addresses of the nearest surviving relatives:

| Relative(s) Name | Relationship | Age | Present Address |
|------------------|--------------|-----|-----------------|
| | | | |
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17. Additional Remarks (such as being a relative of, or attorney or agent for, deceased) which will show basis and source of information hereinbefore given:

ACKNOWLEDGEMENT

AFFIANT: _____
Signature *Printed Name*

AFFIANT's PHONE/ EMAIL: _____ / _____

WITNESS: _____
Signature *Printed Name*

Subscribed and sworn to be this _____ day of _____, 20____.
(month) (yr)

_____ Notary Public Signature

_____ Notary Public Printed Name

(Notary seal)

My Commission expires: _____, 20____