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| STATE OF SOUTH CAROLINA | ) | IN THE PROBATE COURT |
|  | ) |  |
| COUNTY OF GREENVILLE | )  ) | **AFFIDAVIT OF HEIRS** |
| IN THE MATTER OF: | ) |  |
|  | ) | CASE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (Decedent) | ) |  |

As the affiant, I have a duty to disclose all heirs (blood relatives or legally adopted children) of the above Estate and to list those individuals on the Probate Court filings. Upon the Court’s informal review of the Decedent’s obituary or other public document, a conflict exists between those name(s) and the name(s) listed on the probate forms.

The names listed in the obituary or other public document were only in observance of their close family-type relationship to the Decedent. However, to the best of my knowledge, they are not related by blood or formal, legal adoption to the Decedent.

The following individuals are **not heir(s)** of the Decedent:

*(List full, legal name and address, if available)*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As such, I affirm that the above names were listed in the obituary or other public document for the following reason(s):

Name(s) listed were the Decedent’s step-children only

Name(s) listed were not biological children or formally adopted by the Decedent

Name(s) listed were foster children who were not adopted

Name(s) listed were considered special family/friends that were not blood relatives

Name listed as spouse but the parties were never married either by a marriage license nor by common law, to the best of my knowledge

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: The Court reserves the right to request a birth certificate or other documentation to confirm above information.)

The undersigned, being sworn, states that the facts set forth in the foregoing statement are true to the best of the undersigned's knowledge, information, and belief, and hereby submits to the Court’s jurisdiction in this matter.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SWORN to before me this | | |  | | day of | Affiant Signature: |  |
|  | | , 20 | |  | Print Name: |  |
| Address: |  |
|  | | | | |  |  |
| Notary Public for South Carolina | | | |  | | Telephone (Work): |  |
| My Commission Expires: | |  | | | | (Home): |  |
|  | | | | | | (Cell): |  |
|  | | | | | | E-mail: |  |
|  | | | | | | Relationship to Decedent/Estate: |  |
|  | | | | | |  |  |