



## TABLE OF HEIRSHIP FORM

Instructions: The Claimant will complete the form in full. A second form may be used if the number of heirs exceed the provided space.

<b>Decedent's Full Legal Name:</b>	
<b>Decedent's Maiden Name (if applicable):</b>	
<b>Date of Decedent's Death:</b>	
<b>Place of Decedent's Death:</b>	

Heirship Type	First	Middle	(Maiden)	Last	Date of Birth	Date of Death
<b>Spouse(s) of the Deceased</b>	3 <sup>rd</sup>					
	2 <sup>nd</sup>					
	1 <sup>st</sup>					
<b>Children of the Deceased</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					
	6 <sup>th</sup>					
<b>Grandchildren of the Deceased</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					
	6 <sup>th</sup>					
<b>Parents of the Deceased</b>	Father					
	Mother					
<b>Brothers and Sisters of the Deceased</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					
<b>Children of the Deceased Brothers and Sisters</b>	1 <sup>st</sup>					
	2 <sup>nd</sup>					
	3 <sup>rd</sup>					
	4 <sup>th</sup>					
	5 <sup>th</sup>					

*I declare, under penalty of perjury under the laws of the State of California, that the above information is true and correct to the best of my knowledge, with full knowledge that the statements are subject to investigation and that any false or dishonest statement may be grounds for denial of the claim submitted in addition to the penalty of perjury, and that I have full authority to act on behalf any other owner of record claimant(s) for the purpose of completing the above information.*

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_