



### **Instruction letter for completion of an Affidavit of Heirship form**

The purpose of an Affidavit of Heirship is to put the county records on notice for mineral owners who are deceased that did not have probate proceedings administered to their estate. When a search is performed in an area to be developed, the affidavit will tell the title examiner that the mineral owner is deceased and that they need to contact the heirs. This form is used as a tool by oil and gas companies to support a title change.

All the questions must be completed to the best of the affiant's knowledge. If the person completing the affidavit does not know the answer to a question asked, it should be stated on the affidavit. If any heirs of the decedent are deceased, a separate Affidavit of Heirship will be required for each heir. If more space is needed to adequately supply the information requested, please attach a separate sheet of paper.

For complete details on this process, please see the following:

- 1) Have the form filled out by a disinterested third party, someone who is not related by blood or marriage and will not benefit from the estate but knew the decedent and the circumstances surrounding their estate. (Example: Lawyer, Neighbor, Family Friend)
- 2) The affiant must sign the form in front of a notary public.
- 3) Attach a copy of the Death Certificate and the Last Will and Testament (if applicable) to the affidavit.
- 4) Contact the Clerk's office where the property is located for fees and instruction on how to record documents by mail. Phone numbers and addresses for county courthouses can be found at [www.courthousedirect.com/property](http://www.courthousedirect.com/property) search, located under the county info page link under the site map section at the bottom of the page. If you cannot locate the information you need, please contact us for assistance.
- 5) Upon receipt of the recorded documentation, mail a COPY to the address listed below.

Should you have any questions or concerns please feel free to contact Hilcorp Owner Relations at 713-209- 2457.

#### **IMPORTANT**

\* If the decedent left a Will, but said Will was not probated, the laws of Intestate Descent and Distribution will apply, and NOT the terms of the Will.

\* Some states do not accept "foreign" probate. In such cases, the laws of Intestate Descent and Distribution will apply when Ancillary Proceedings are not opened in the state where the property is located.

\*A copy of the Certificate of Death will need to be provided for the decedent, any of the decedent's deceased heirs and/or the decedent's deceased spouse.

\*Hilcorp may request additional documentation to process ownership transfer based on the amount of funds held in suspense

## AFFIDAVIT OF HEIRSHIP

STATE OF \_\_\_\_\_ ( ) DECEDENT: \_\_\_\_\_  
 COUNTY/PARISH OF \_\_\_\_\_ ( ) RE: \_\_\_\_\_  
 ( ) DATE: \_\_\_\_\_

\_\_\_\_\_, who resides at \_\_\_\_\_, hereinafter referred to as "Affiant," being of lawful age and being duly sworn, upon oath deposes and says that he/she was well acquainted with \_\_\_\_\_, the above named Decedent during his/her lifetime, and that the answers and statements given in the following questionnaire are based upon Affiant's personal knowledge and are true and correct:

1. How long did you know the Decedent? 1-3 years Whole life Other \_\_\_\_\_
2. How well did you know the Decedent? Very well Well Other \_\_\_\_\_
3. What was your relationship to the Decedent? \_\_\_\_\_
4. Complete the following sentences: The Decedent's home was at \_\_\_\_\_.  
 Decedent died at the age of \_\_\_\_\_, on \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_,  
 (hospital/facility) in \_\_\_\_\_ County, State of \_\_\_\_\_.
5. Did the Decedent leave a will? Yes No I do not know
6. Was there any time during the Decedent's life when the Decedent was not of sound mind?  
 Yes No If Yes, Date(s) \_\_\_\_\_
7. Have any proceedings been commenced with respect to the Decedent's estate? Yes No.  
 If so, complete the following sentence to the best of your knowledge: Proceedings were commenced in \_\_\_\_\_  
 \_\_\_\_\_ County, State of \_\_\_\_\_, and the name and address of the executor or administrator is  
 \_\_\_\_\_
8. 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
9. At the time of death was the Decedent Single Married Divorced Widow Widower.  
 If married, what was the Decedent's surviving husband's or wife's name? \_\_\_\_\_
10. If the Decedent was married at the time of death, what is the surviving husband's or wife's present address or if  
 deceased, when did such surviving husband or wife die? \_\_\_\_\_
11. How many times was the Decedent married? None Once Twice Other \_\_\_\_\_
12. What was the total number of Decedent's children, both natural and adopted? \_\_\_\_\_.  
 Complete the following table with respect to all children of the Decedent, whether living or dead, natural or  
 adopted:

Name of Child (Natural)	Date of Birth	Child's Other Parent	Present Address or Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Were any of Decedent's children adopted? Yes No If Yes, which ones and when.

Name of Child (Adopted)	When Adopted	Living or Deceased	Present Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name of the Decedent's Deceased Child	Children of the Deceased Child	Date of Birth	Present Address or Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

15. If the Decedent was not survived by any children or grandchildren, 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 below the names and addresses of the nearest surviving relatives:

Name	Relationship	Age	Present Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Further Affiant saith not.

\_\_\_\_\_  
Affiant's Signature:

STATE OF \_\_\_\_\_ ( )  
 COUNTY/PARISH OF \_\_\_\_\_ ( )

Signed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_,  
 20\_\_\_\_ by \_\_\_\_\_ ("Affiant").

SEAL

\_\_\_\_\_  
Signature of notarial officer

Notary Public, State of \_\_\_\_\_,  
 My commission expires: \_\_\_\_\_.