STATE OF NORTH CAROLINA	File No.				
COUNTY	In The General Court Of Justice Superior Court Division Before The Clerk				
IN THE MATTER OF THE ESTATE OF:					
ame Of Decedent					
ame, Street Address, PO Box, City, State and Zip Code of Affiant	FAMILY HISTORY AFFIDAVIT				
	INTERROGATORIES ABOUT DECEDENT AND FAMILY				
lephone No.					
gal Residence (County, State)	Relationship				
1. Marital Status: Married Widowed a. If Married/Widowed/Divorced: Name of Spouse: Date of Marriage:	Divorced Never Married				
Date of Divorce (or death):					
b. Names and Addresses of children born into this m Name Address					
c. Is there an unborn child?	No				
2. Did any of the children listed above die prior to the date t a. If yes: Name of pre-deceased child:	the decedent died? Yes No				
Did the pre-deceased child have children?	Yes No				
If yes, names of children:					
3. Has the decedent been married more than once? a. If yes, name of prior spouse:	☐ Yes ☐ No				
(Ove	er)				

b.	Names and Addresses of Children Born	into this marri	age:			
	Name	Address				
						
						
	decedent have any children that were b If yes, list names and addresses: Name	oorn <u>outside</u> o	f marriage?		Yes	∏ No

5. Did the	decedent leave:					
	An adopted child? Yes A child that has been adjudged mental	☐ No ly incompeten	t?		Yes	☐ No
6. Are the	parents of the decedent living?		Yes	☐ No	If yes, I	st names below.
a.						
b.	Father:			•		
7. How m	any brother and sisters did the decedent Name	t have? Address (if k	nown)	_		
		•	, , , , , , , , , , , , , , , , , , ,			.
	of the siblings listed above die prior to tell fyes:	the date the de	ecedent died?		Yes	☐ No
	Name of pre-deceased sibling(s):	4				
						_
	Did the pre-deceased sibling(s) have ch	uldren?	Yes	☐ No		
	If yes, names of children:				,	_
		·			· ·	_
ignature of Affiant	Do	ite				
	FIRMED AND SUBSCRIBED TO BEF	FORE ME				
Date	Signature					
Deputy CSC	Assistant CSC Clerk of Superior	or Court				
Notary	Date Commission Expires					
SEAL	County Where Notarized					