

b. Names and Addresses of Children Born into this marriage:

Name	Address
_____	_____
_____	_____
_____	_____

4. Did the decedent have any children that were born outside of marriage? Yes No

a. If yes, list names and addresses:

Name	Address
_____	_____
_____	_____
_____	_____

5. Did the decedent leave:

- a. An adopted child? Yes No
 b. A child that has been adjudged mentally incompetent? Yes No

6. Are the parents of the decedent living? Yes No If yes, list names below.

a. Mother: _____
 b. Father: _____

7. How many brother and sisters did the decedent have? _____

Name	Address (if known)
_____	_____
_____	_____
_____	_____

8. Did any of the siblings listed above die prior to the date the decedent died? Yes No

a. If yes:
 Name of pre-deceased sibling(s): _____

Did the pre-deceased sibling(s) have children? Yes No

If yes, names of children: _____

Signature of Affiant		Date
SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		
Date	Signature	
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk of Superior Court		
<input type="checkbox"/> Notary	Date Commission Expires	
SEAL	County Where Notarized	