



INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF HEIRSHIP

1. **This form should be completed by someone other than an Heir.** This person should be someone who is familiar with the family history of the deceased (decedent), and who will obtain no benefit from the Estate.

The person who fills out the form is referred to as the “AFFIANT”.

2. The person completing this Affidavit should read carefully and answer all the questions that are applicable; paying particular attention to the name(s) and address(s) of the heir(s).
3. Sign the “Affidavit of Heirship” in front of a Notary Public, so **it can be notarized**.
4. **The completed, notarized form should be sent to the appropriate county for recording/filing.*** Recording/filing fees will apply; therefore, contact the clerk of court for the appropriate county to obtain fees and instructions for correctly recording/filing forms in that county. **Please have recorded forms returned to you for verification purposes. The form must be recorded in the county where the property(s) are located.**
5. Please send copies of the recorded forms to Vencer Energy and **keep original for your files**.
6. Vencer Energy will complete the Ownership Transfer process once the recorded forms are received.

Vencer Energy
Attention: Division Orders
Energy Tower IV
11750 Katy Freeway, Suite 200
Houston, TX 77079
ownerrelations@vencerenergy.com
Owner Relations Phone Line (281) 562-7482

Affidavit on next page

AFFIDAVIT OF HEIRSHIP

(FILL IN ALL BLANKS)

STATE OF _____ §

COUNTY OF _____ §

NAME OF DECEDENT					
DECEDENT'S ADDRESS					
CITY/STATE/ZIP		DATE OF DEATH		AGE	

LEGAL DESCRIPTION OF PROPERTY(S) (Wells): _____

COUNTY, STATE: _____

AFFIANT'S Name: _____ and address is:

[Name of person filling out form (cannot be an heir of the deceased)]

I am of lawful age and being duly sworn, upon oath, deposes and say that I was well acquainted, ***but not an heir*** of the deceased: _____, hereinafter referred to as "the Decedent," and that

(Name of the deceased)

the answers & statements given in the following questionnaire are based upon the Affiant's personal knowledge & are true and correct:

1. How long did you know the Decedent? Years _____ Whole Life _____ Other _____
2. What was your relationship to the Decedent? _____
3. Did the Decedent leave a **Will**? Yes ☐ No ☐ I don't know ☐
4. Have any proceedings been commenced with respect to the Decedent's Estate? _____

If so, complete the following sentence to the best of your knowledge: Proceedings were commenced in _____; & the administrator is _____.

5. 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** ☐

6. **At time of death was the Decedent:** Single ☐ Married ☐ Divorced ☐ Widow ☐ Widower ☐

If married at time of death, surviving spouse's name: _____

7. If the Decedent was married at the time of death, what is the surviving spouse's present address or, if spouse is now deceased, when did the surviving spouse die?

8. How many times was the Decedent married? None ☐ or _____ time(s).

9. What is the total number of Decedent's children by any spouse? _____

Complete the following table with respect to **all children of the Decedent, whether living or deceased**:

Name of Child	Date of Birth or Age	Child's Other Parent	Present Mailing Address or Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Were any of Decedent's children adopted? Yes _____ No _____ If Yes, which one(s) and when?

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

NOTE: If any child (natural or adopted) is now deceased, please complete item below, and furnish a separate Affidavit of Heirship for such child.

11. Complete the following table **with respect to all children of every deceased child (if any)**, of the Decedent.

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

12. If any children or grandchildren did not survive the Decedent, 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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. If the Decedent was not survived by any children, grandchildren, father, mother, brothers or sisters, then give the names and addresses of the nearest surviving relatives:

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

Additional Remarks (such as being a relative of, or attorney or agent for, deceased) which will show basis and source of information hereinbefore given:

AFFIANT: _____

Signature *Printed Name*

AFFIANT's PHONE/ EMAIL: _____/ _____

WITNESS: _____
Signature *Printed Name*

Subscribed and sworn to be this _____ day of _____, 20____.
(month) (yr)

_____ Notary Public Signature

_____ Notary Public Printed Name

(Notary seal)

My Commission expires: _____, 20____

Any Additional Info for details or Addresses: