

STATE OF LOUISIANA  
PARISH OF \_\_\_\_\_

## DISASTER RECOVERY PROGRAM AFFIDAVIT OF DEATH, DOMICILE, AND HEIRSHIP

Before me, the undersigned Notary Public, duly commissioned in and for the Parish and State aforesaid, and in the presence of the undersigned competent witness, personally appeared \_\_\_\_\_ (hereinafter referred to as "Affiant") who deposed that:

They knew the late \_\_\_\_\_ (hereinafter referred to as "Decedent") well and are aware of the facts stated in this affidavit.

### DATE AND PLACE OF DEATH

1. The Decedent died in \_\_\_\_\_ (city/state) on \_\_\_\_\_ (date).

### LEGAL DOMICILE AT TIME OF DEATH

2. At the time of death, the Decedent was domiciled and residing in \_\_\_\_\_, (city) Louisiana.

### LACK OF WRITTEN WILL/TESTAMENT

3. The Decedent died without a written will or written testament.

### SURVIVING SPOUSE

4. The following is the surviving spouse of the Decedent [Enter N/A if no surviving spouse]:  
\_\_\_\_\_.

### LEGAL HEIRS

#### CHILDREN

5. The following are the Decedent's children, natural or adopted [Enter N/A is no children]:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Of the children listed in Paragraph 5, the following are **below** the age of **18 years** as of the date of this affidavit and the birth date for each is [Enter N/A if none]:

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**DESCENDANTS OTHER THAN CHILD**

7. For each child listed in Paragraph 5 that died **before** the Decedent, list all of that child's surviving descendants natural or adopted (children, grandchildren, great-grandchildren, etc. still living at the time of death) of that child. [Check N/A if none]:

N/A \_\_\_\_\_

**Name of deceased child:** \_\_\_\_\_

List of that child's descendants living at the time of that child's death (state name, relationship, and whether that descendant is below the age of 18 years as of the date of this affidavit). For descendants other than a child (i.e., grandchildren, great-grandchildren), state the name of that descendant's parent related to Decedent:

**Name:** \_\_\_\_\_

**Relationship to deceased child:** \_\_\_\_\_

**Name of parents related to DECEDENT:** \_\_\_\_\_

Below 18 years of age as of the date of this affidavit: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (Check one)

**PARENTS**

8. (Answer only if Decedent had no surviving descendants at the time of death)

The decedent **was** \_\_\_\_\_ **was not** \_\_\_\_\_ [check which applies] survived by either of his parents (natural or adopted). If survived by a parent, state the name of that parent:

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**COLLATERAL HEIRS**

9. (Answer only if Decedent had **NO** surviving descendants or parent at the time of death)

The decedent **was** \_\_\_\_\_ **was not** \_\_\_\_\_ [check which applies] survived by sibling(s) or sibling(s) descendants at the time of Decedent's death. For each, sibling, list that sibling's name.

\_\_\_\_\_  
\_\_\_\_\_

For each sibling that died **before** the Decedent, list that sibling's descendants living at the time of that child's death (state name, relationship, and whether that descendant is below the age of 18 years as of the date of this affidavit). For descendants other than a sibling's child (i.e. grandchildren, great-grandchildren), state the name of that descendant's parent related to Decedent:

**Name:** \_\_\_\_\_

**Relationship to Decedent:** \_\_\_\_\_

**Name of parents related to Decedent:** \_\_\_\_\_

Below 18 years of age as of the date of this affidavit: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (Check one)

There is no need for an administration of the decedent's estate.

**PROPERTY SUBJECT OF THE RECOVERY PROGRAM:  
SEPARATE OR COMMUNITY**

10. At the time the Decedent acquired the property, which is the subject of the disaster recovery program located at: \_\_\_\_\_, for which this affidavit is submitted, Decedent **was** \_\_\_\_\_ **was not** \_\_\_\_\_ married. [check which applies]

If married at the time acquired, the property was \_\_\_\_\_ was not \_\_\_\_\_ inherited. [check which applies]

If not inherited, state the name of the Decedent's spouse at the time property was acquired by Decedent:

\_\_\_\_\_

**SIGNED** at \_\_\_\_\_, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, in the presence of the undersigned competent witnesses and Notary Public.

Affiant's Signature:

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

\_\_\_\_\_, (Notary Printed Name)

Parish/County of \_\_\_\_\_,  
State of \_\_\_\_\_

**Note: Notary Public cannot  
sign as witness**

Notary ID No. \_\_\_\_\_  
My commission expires: \_\_\_\_\_