

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 witnesses, personally appeared _____ and _____ (hereinafter referred to as “Affiants”) each of whom 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]:

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:

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 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.

Witnesses:

Affiants:

[affiant 1]

Printed Name: _____

[affiant 1]

Printed Name: _____

_____, (Notary Printed Name)

Parish/County of _____,
State of _____

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

Notary ID No. _____
My commission expires: _____