

**ONEIDA LAND COMMISSION
PROBATE**

In the Matter of the Estate of:

☐ Amended *(check if applies)*

Docket No. _____

Decedent _____

Date: _____

Form No.: PR-03

PROOF OF HEIRSHIP

UNDER OATH, I ANSWER THE FOLLOWING QUESTIONS:

1. What is your name, mailing address and relationship to the Decedent?

Name	Mailing Address	Relationship

2. Was the Decedent survived by a spouse or domestic partner?

☐ Yes ☐ No

If YES, give name:

3. A. Did the Decedent have any children? *(Living or deceased; natural or adopted)*

☐ Yes ☐ No

If YES, list all names. *(If deceased, indicate date of death.)*

Name of Decedent's Children	Date of Birth	Date of Death <i>(if deceased)</i>

☐ Continued on attached *(if more space is needed)*.

- B. For each deceased child listed in 3A., list his/her name and the names of his/her children *(Living or deceased; natural or adopted)*. If any of his/her children are deceased, indicate the date of death of that child and the names of his/her descendants. *(Living or deceased; natural or adopted)*

Name of Deceased Child in (3A)	Name of Deceased Child's Child(ren)	Date of Death

☐ Continued on attached *(if more space is needed)*.

4. If there is a surviving spouse or domestic partner, are all of the decedent's children listed in 3A also the children of the surviving spouse or domestic partner?

☐ Yes ☐ No

If NO, give details:

INSTRUCTIONS:
Are there living persons listed in answer to question 2 through 4? If "YES," skip to Question 8. If "NO," continue with Question 5.

5. Did the Decedent leave surviving parents?

☐ Yes ☐ No

If YES, list names:

Name(s)

6. A. If no surviving parent, did the Decedent have brothers or sisters? (Living or deceased; whole blood, half blood, adopted) ☐ Yes ☐ No

If YES, list all names. (If deceased, indicate date of death)

Name of Decedent's Brothers or Sisters	Date of Death (if deceased)

☐ Continued on attached (if more space is needed).

- B. For each deceased brother or sister listed in 6A, list his/her name and the names of his/her children (Living or deceased; natural or adopted). If any of his/her children is deceased, indicate the date of death of that child and the names of his/her descendants (Living or deceased; natural or adopted).

Name of Deceased Brother or Sister in 6A	Date of Death (if deceased)	Name of Deceased Brother's or Sister's Children

☐ Continued on attached (if more space is needed).

7. If there are **no living persons** listed in Questions 2 through 6B, list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named.

Maternal (Mother)		Paternal (Father)	
Grandfather:		Grandfather:	
Grandmother:		Grandmother:	
Descendants:		Descendants:	

☐ Continued on attached (if more space is needed).

8. Did any of the persons named in Questions 2 through 7 die within 120 hours (5 days) after the death of the Decedent? ☐ Yes ☐ No

If YES, list name(s), date of death and descendant(s).

Name	Date of Death	Descendant(s)

☐ Continued on attached (if more space is needed).

State of _____)
County of _____) ss.

Subscribed and sworn to before me on _____

Notary Public Signature

Name Printed or Typed

My commission expires: _____

Signature

Name Printed or Typed

Date

Address:

E-mail:

Phone No.: