

9709 Mount Carmel Road Bailey, Mississippi 39320 601-681-6157 (Monitored 24 hr) facebook.com/northlauderdalewater customerservice@nlwa.ms

Affidavit of Death and Heirship

Decedent's name

	I, the undersigned, above the a at all statements herein are true arrsonally well acquainted with the	ge of 21 years, and correct, based	nd under oath on my know	and penalty of ledge of the a	bove-named decedent	nereby certify That I was	
		, for appr	oximately	years. Th	at said decedent depar	rted this life in	
the	e city/town of		, county/parish of			, in the	
sta	ate of nat Decedent, at death, owned the	, on o	or about the _	day of _	traat number if eveile	, 20	
	iat Decedent, at death, owned the		include coun			oic).	
1.	Did the decedent leave a VIII If yes, was the will admitted to		Yes Yes	No No			
	If yes, where and when?						
2.	Was an administrator or executor appointed for the estate? Yes No If yes, give the name and address of administrator/executor.						
	If yes, have the estate proceedi	ngs been closed?	?	Yes	No	· · · · · · · · · · · · · · · · · · ·	
		the decedent			s/her lifetime. Date of Divorce	Contact Info	
3.		e of Marriage	Address &		Date of Divorce		
 4. 	Name of Spouse Dat List each child born to the	e of Marriage	ing his/her	lifetime, inc	luding illegitimate	children.	
	Name of Spouse Dat List each child born to the	e of Marriage	ing his/her	lifetime, inc		children.	
	Name of Spouse Dat List each child born to the	e of Marriage	ing his/her	lifetime, inc	luding illegitimate	children.	

Name of Child	Date of Birth	Address & Date of Death	Name of Other Parent	Contact Info
List all children Name of Child	of any deceased Date of Birth	I son or daughter of the de Address & Date of Death	ecedent, including adop Name of Other Parent	oted children Contact Info
If t		eft surviving children	_	
Give the name o	-	lete questions 7 throus father, and address if livi	_	ce of death.
List each of the Name of Child	decedent's fathe Date of Birth	er's children. Address & Date of Death	Name of Other Parent	Contact Info
Give the name of	of the decodent's	mother, and address if liv	ving or also date and al	ace of death
Olve the name o	n the decedent s	mother, and address if in	ring, or erse date and pr	ace or death
List each of the				
Name of Child	Date of Birth	Address & Date of Death	Name of Other Parent	Contact Info
				
FFIANT'S PRINTE	D NAME	AFFIANT SI	GNATURE	
te of	C	ounty of	City of	
sonally appeared bet ned AFFIANT, who	fore me, the unders having been by me	e, City/Town of	or the jurisdiction aforesaid, h that the matters and facts	the within
Subscribed and swe	orn to before me th	is, day of,	20	
Commission expire	es:			
		Notary Public		

Corroborating Affidavit of Death and Heirship

I, the undersigned, being of lawful age and first duly sworn, under oath and penalty of perjury, state that the