IN THE COURT OF THE_____JUDICIAL CIRCUIT,IN AND FOR_____COUNTY, FLORIDA

IN RE: THE GUARDIANSHIP OF

_____

PROBATE DIVISON
CASE NO.:_____

State of_____
County of _____

AFFIDAVIT OF HEIRS

For purpose of this documents, you must list **ALL RELATIVES** (as indication below) of the alleged incapacitated including yourself, if applicable. If the relative is deceased, please provide the deceased relative's name, indicate deceased, and approximate date of death. When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister)

WHO ARE YOU?

1. Name _____

   Address and Telephone number

   _____
   _____

   I am ____ or am not _____ related to the alleged incapacitated person as follows:
   _____

   I have known the alleged incapacitated person for _____ years.

WHO IS THE ALLEGED INCAPACITATED SPOUSE

2. Spouse of the alleged incapacitated person. Provide name and address; or if deceased, provided name, indicate deceased, and approximate date of death.

   Spouse Name:_____

   Address: _____

   Is Spouse Deceased? _____Yes or No _____
   Date of Death: _____

WHO ARE THE ALLEGED INCAPACITATED PERSON'S CHILDREN AND GRANDCHILDREN?

3. Children of the alleged incapacitated person (Provide name and address; or if deceased, provide name, indicate deceased, and approximate date of death). If any of the children are NOT biologically related to BOTH the alleged incapacitated person and the spouse provide the name of that particular child's other biological parent.

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List the full name of grandchildren of the alleged incapacitated person, make sure to provide the name of such grandchild's parents, and include the address for each grandchild.

Grandchildren Names and Address:

_____

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WHO ARE THE ALLEGED INCAPACITATED PERSON'S PARENTS?

4. Parents of the alleged incapacitated person. (Provide name and address; or if deceased, provide name, indicate deceased, and approximate date of death)

_____

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WHO ARE THE ALLEGED INCAPACITATED PERSON'S SIBLINGS?

5. Siblings of the alleged incapacitated person. You must indicate whether the relationship is that of full sibling or a half-relative (i.e. half-brother or half-sister). (Provide name and address; or if deceased, provide name, indicate deceased, and approximate date of death.)

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Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.

_____
Affiant

_____
Print Name of Affiant

_____

_____

_____
Address of Affiant

STATE OF_____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online notarization, this ___ day of _____,_____, by _____. Personally Known ☐ OR Produced Identification ☐ Type of Identification Produced: _____.

_____
Notary Public, State of Florida

Affix Notary Seal