



Jay-Bee Production Company

*By its agent DMRB Services, LLC*

## Affidavit of Heirship Form

**\*\*\*\*\*Forms should be filled out by someone other than the direct or indirect heir\*\*\*\*\***

Please provide Jay Bee with a copy of the following documents.

### If Owner died with a will:

1. Copy of Death Certificate
2. Copy of Will
3. Completed Affidavit of heirship

### If Owner died without a will:

1. Copy of Death Certificate
2. Completed Affidavit of heirship

**Affidavit of Heirship must be recorded in the county and state where the mineral interests are located and cannot be completed by a direct family member who would benefit from the change. If the affidavit of Heirship you provide is not recorded, Jay Bee will place the interest payments in suspense until a recorded document is received.**

**PLEASE RETURN FILLED OUT AFFIDAVIT OF HEIRSHIP VIA MAIL OR EMAIL ([owners@jaybeeoil.com](mailto:owners@jaybeeoil.com)) :**

Jay-Bee Production Co.  
60 Walnut Ave. Ste 190  
Clark, NJ 07066

If you have any questions or need additional information concerning this form please contact Jay-Bee Owner relations at 908-686-7996 or email [owners@jaybeeoil.com](mailto:owners@jaybeeoil.com).

# AFFIDAVIT OF HEIRSHIP

As to \_\_\_\_\_  
(Name of Deceased)

Do not complete this form if the decedent left a will that was probated in court or if there has been a court administration of decedent's estate.

I, \_\_\_\_\_ (affiant) being of lawful age, being first duly sworn, upon oath deposes and says:  
That I was personally well acquainted with the above named decedent, during his/her lifetime, having known him (or her) for \_\_\_\_\_ years,  
and that affiant bears the following relationship to said decedent, to-wit: \_\_\_\_\_

1. Decedent died on: \_\_\_\_\_ .

Decedent's place of death: \_\_\_\_\_  
CITY STATE COUNTY

At the time of decedent's death,  
decedent's residence was: \_\_\_\_\_  
CITY STATE COUNTY

2. Provide the following information for the decedent's marital history:  
(If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH

3. Did Decedent leave a will? Yes / No  
If yes, was Decedent's will probated? Yes / No  
If yes, what County & State \_\_\_\_\_

4. Provide the following information for the deceased's natural born and adopted children:  
(If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/ CURRENT ADDRESS	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
<i>Name of Child:</i> _____ <i>Address:</i> _____			
<i>Name of Child:</i> _____ <i>Address:</i> _____			
<i>Name of Child:</i> _____ <i>Address:</i> _____			
<i>Name of Child:</i> _____ <i>Address:</i> _____			
<i>Name of Child:</i> _____ <i>Address:</i> _____			
<i>Name of Child:</i> _____ <i>Address:</i> _____			
<i>Name of Child:</i> _____ <i>Address:</i> _____			

## AFFIDAVIT OF HEIRSHIP

5. Provide the following information for all deceased children of decedent (if any):

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

Did he/she leave a will? Yes / No      Was will probated? Yes / No      If yes, what County & State \_\_\_\_\_

Name and address of deceased child's surviving spouse: \_\_\_\_\_

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: _____ Address: _____				
Name: _____ Address: _____				
Name: _____ Address: _____				

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

Did he/she leave a will? Yes / No      Was will probated? Yes / No      If yes, what County & State \_\_\_\_\_

Name and address of deceased child's surviving spouse: \_\_\_\_\_

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: _____ Address: _____				
Name: _____ Address: _____				
Name: _____ Address: _____				

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

Did he/she leave a will? Yes / No      Was will probated? Yes / No      If yes, what County & State \_\_\_\_\_

Name and address of deceased child's surviving spouse: \_\_\_\_\_

Name & Address of Child(ren) of Deceased Child	Living?	Date of Birth	Date of Death	Name and Address of Surviving Spouse of Deceased Child
Name: _____ Address: _____				
Name: _____ Address: _____				
Name: _____ Address: _____				

## AFFIDAVIT OF HEIRSHIP

6. If the decedent never married and did not have any children, provide the following information for the decedent's parents:  
*(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)*

DECEASED'S PARENTS	PARENT'S NAME/ CURRENT ADDRESS	PARENT'S DATE OF DEATH
<b>MOTHER</b>	<i>Name:</i> _____ <i>Address:</i> _____	
<b>FATHER</b>	<i>Name:</i> _____ <i>Address:</i> _____	

7. Provide the following information for the decedent's brothers and/or sisters:  
*(If there are none, please state "none" below.)*  
*(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)*

Name of Brother/Sister	Current Address	Date of Birth	Brother's or Sister's Date of Death

8. Provide the following information for the decedent's nieces and/or nephews born only to the deceased brothers/sisters listed in Item 6 above:  
*(If there are none, please state "none" below. If additional space is needed, please provide information as an attachment.)*  
*(IF DECEDENT LEFT SURVIVING CHILDREN, QUESTIONS 6, 7 & 8 NEED NOT BE ANSWERED.)*

Name of Niece or Nephew	Current Address	Date of Birth	Name of Niece or Nephew's Deceased Parent

\*\*\*\*\*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

(SIGNATURE OF AFFIANT)

**AFFIDAVIT OF HEIRSHIP**

SUBSCRIBED AND SWORN to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*(Notary Seal)*

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*(Notary Seal)*

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**AFFIDAVIT OF HEIRSHIP**

**CORROBORATING AFFIDAVIT**

STATE OF \_\_\_\_\_ §

COUNTY OF \_\_\_\_\_ §

\_\_\_\_\_, of lawful age, being first duly sworn, upon his oath states: That the information given in the above and foregoing affidavit is true, and accurate, to the personal knowledge of this affiant.

\_\_\_\_\_  
**Signature of Corroborating Affiant**

SUBSCRIBED AND SWORN to before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*(Notary Seal)*

\_\_\_\_\_  
Notary Public

My commission  
expires: \_\_\_\_\_

**NOTE:** This form may be signed by a member of the family, as long as they are not an heir to the deceased, but the Corroborating Affidavit **MUST** be signed by a person that is not a member of the family.

This form must be notarized and recorded in county/parish records where lands are located and a recorded copy furnished to the company so requesting it.