



AFFIDAVIT OF HEIRSHIP INSTRUCTIONS

THIS AFFIDAVIT MUST BE COMPLETED BY A PERSON WHO IS **NOT AN HEIR** OF THE DECEASED, WHO IS NOT INTERESTED IN THE DECEASED'S PROPERTY, AND WHO WILL NOT GAIN FINANCIALLY FROM THE DECEASED'S ESTATE.

YOU MAY ATTACH ADDITIONAL PAGES IF THERE IS NOT ENOUGH SPACE ON THE FORM FOR ALL OF THE INFORMATION REQUESTED. FOR EXAMPLE, IF THERE ARE TWELVE CHILDREN (QUESTION 9) OR TWO DECEASED CHILDREN WITH A TOTAL OF 8 GRANDCHILDREN (QUESTION 10). ON A BLANK SHEET, INDICATE THE QUESTION NUMBER AND THEN CONTINUE WITH YOUR ANSWER. ALL QUESTIONS MUST BE ANSWERED. IF IN DOUBT, CALL OWNER RELATIONS AND ASK.

THE AFFIDAVIT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BY THE PERSON COMPLETING THE FORM. ALL PAGES OF THE AFFIDAVIT MUST THEN BE RECORDED **IN THE COUNTY WHEREIN THE INTEREST IS LOCATED**.

WHEN RETURNING TO SAGE, PLEASE ATTACH TO THE RECORDED AFFIDAVIT OF HEIRSHIP:

- 1) A COPY OF THE CERTIFIED DEATH CERTIFICATE.
- 2) A COPY OF THE WILL, IF THERE IS ONE.
- 3) THE COMPLETE ADDRESS FOR ALL HEIRS.

RETURN THE FULLY COMPLETED, NOTARIZED, & RECORDED AFFIDAVIT OF HEIRSHIP TO:

**SAGE NATURAL RESOURCES, LLC
ATTENTION: OWNER RELATIONS
PO BOX 700724
TULSA, OK 74170-0724**

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT SAGE NATURAL RESOURCES OWNER RELATIONS DEPARTMENT AT (833) 448-5308 OR BY EMAIL AT OwnerRelations@SageNR.com.

THANK YOU FOR YOUR ASSISTANCE.

!!!! DO NOT RECORD THIS PAGE !!!!

Please provide social security numbers for all heirs.

The IRS requires a mandatory and nonrefundable 24% federal backup withholding tax be withheld from all revenue payments issued without a tax ID number.

Name	Social Security Number

Return this page with the recorded Affidavit of Heirship, Death Certificate and Will (if applicable).

!!!! DO NOT RECORD THIS PAGE !!!!

Property: _____

AFFIDAVIT OF HEIRSHIP

(Decedent)

I, _____, hereinafter referred to as "Affiant", being of lawful age and duly sworn, upon oath depose and say that I was well acquainted with the "Decedent" named above and that the answers and statements given in the following questionnaire are based upon my personal knowledge and are true and correct.

1. How long did you know the Decedent? _____ What was your relationship to the Decedent? _____

2. Complete the following sentences:

Decedent's home was at _____

Decedent died at the age of _____ on _____ at _____, State of _____

3. Did Decedent leave a will? _____ *If Decedent left a will, attach a copy hereto.*

Have probate proceedings commenced? _____ If so, complete the following to the best of your knowledge:

Proceedings were commenced in _____ County, State of _____

Name and address of Executor/Administrator _____

4. Are any debts still owed on the Decedent's estate? _____

If so, will the size of the estate be sufficient, in your opinion, to pay such debts? _____

5. Have all Federal and State Inheritance taxes been paid? (If none due, state "None Due") _____

6. Was the interest in the above described property community or separate? _____

Separate property is inherited property or property owned PRIOR to marriage.

Community property is property purchased by, or deeded to, both husband & wife DURING the marriage.

7. Was the property of the Decedent as described above a homestead? _____

8. Decedent's Marriage History: How many times was the Decedent married? _____ Complete the following:

Name of Each Spouse of Decedent If Decedent was married at the time of passing, write "Current" in the next column by the spouse's name.	Current Spouse? If Not, Date Marriage Ended	Ended by Death or Divorce?	Present Address or Date of Death/Divorce

9. Decedent's Children: What is the total number of Decedent's children: _____ (Do not include stepchildren unless adopted)
 If any of Decedent's children named below were adopted, list their names and dates of adoption _____

Complete the following in regard to **all children** of the Decedent, whether living or deceased, natural or adopted, from all relationships: (Do not include stepchildren unless adopted)

Name of Decedent's Child	Date of Birth	Name of Other Parent	Child's Present Address or Date of Death

10. Decedent's Grandchildren: Complete the following in regard to **all children of any deceased child** of the Decedent:

Name of Decedent's Deceased Child	Children of Deceased Child	Date of Birth	Present Address or Date of Death

11. Decedent's Other Family Members: If Decedent was not survived by any children or their offspring, then provide the names and addresses of Decedent's father, mother and all brothers, sisters, nieces and nephews **who are still living**:

Name of Relative	Relationship to Decedent	Age	Present Address

County of _____
 State of _____

 Affiant's Signature

 Affiant's Full Printed Name

 Affiant's Full Address

Sworn to and subscribed before me on the _____ day of _____, 20____, by _____
 _____ (Affiant).

 Notary Public Signature

 My Commission Expires