

# INSTRUCTIONS FOR COMPLETING HEIRSHIP AFFIDAVIT

READ INSTRUCTIONS IN THEIR ENTIRETY BEFORE COMPLETING THIS FORM.

---

IF THE DECEDENT HAS A **PROBATED WILL**, DO NOT PROCEED WITH THIS FORM. INSTEAD, PLEASE PROVIDE THE FOLLOWING DOCUMENTS TO THE EMAIL OR ADDRESS BELOW:

- A certified copy of the death certificate.
  - A copy of the Last Will & Testament, Letters Testamentary, and Order Admitting Will to Probate that is recorded in the county where the property is located.
  - A completed W-9 for each heir and/or beneficiaries.
- 

*IMPORTANT – REMOVE THIS PAGE BEFORE RECORDING DOCUMENT. FAILURE TO REMOVE THIS PAGE WILL RESULT IN ADDITIONAL RECORDING FEES BY THE COUNTY CLERK.*

**NOTE:** If any heirs of the decedent are deceased, a separate affidavit of heirship or documents required for a probated will (see above) as to each heir is REQUIRED.

### **Instructions for completing Affidavit:**

Both the 1<sup>st</sup> signature and the Corroborating Affidavit signature **MUST** be signed by a person that is **NOT** an immediate family member or someone that is a direct heir. This form must be signed in the presence of a Notary Public and recorded in county/parish clerk records where the well(s)/land(s) are located.

Once the affidavit has been filed of record in the appropriate county/parish and returned to you, a RECORDED COPY, along with a copy of the DEATH CERTIFICATE must be furnished to our office via email to: [Ownerrelations@sabineenergy.com](mailto:Ownerrelations@sabineenergy.com) or mailed to:

**Sabine Energy**  
**ATTN: DIVISION ORDERS**  
**1415 Louisiana, Suite 1600**  
**Houston, TX 77002**

When submitting documents to our office, it is recommended that you retain the any originals and only provide copies.

When sending the recorded Affidavit to our office, we must be provided with a completed W-9, which can be found on our website (<https://www.sabineenergy.com/owners>), for all heirs and/or beneficiaries. Failure to provide this information will delay processing.

SABINE RESERVES THE RIGHT TO ACCEPT OR DENY AN AFFIDAVIT OF HEIRSHIP OR ANY OTHER DOCUMENTATION SUBMITTED, BASED ON VARIOUS CRITERIA, INCLUDING BUT NOT LIMITED TO THE AMOUNT OF THE FUNDS, ACREAGE HELD BY THE DECEASED, OR NUMBER OF WELLS. FURTHER INFORMATION OR ACTIONS MAY BE NECESSARY GIVEN THE SPECIFIC CIRCUMSTANCES REGARDING THE ESTATE.

# AFFIDAVIT OF HEIRSHIP

NOTE: TRANSFER OF OWNERSHIP WILL BE BASED UPON THE LAWS OF DESCENT AND DISTRIBUTION OF THE STATE IN WHICH THE PROPERTY IS LOCATED.

Affidavit of facts concerning the identity of heirs for the estate of \_\_\_\_\_  
NAME OF DECEASED PERSON (DECEDENT)

I, \_\_\_\_\_ (affiant) being of lawful age, being first duly sworn, upon oath deposes and says:  
PERSON COMLETING THIS FORM

## SECTION A. AFFIANT INFORMATION

1. My name is: \_\_\_\_\_

My current address is: \_\_\_\_\_

I have personal knowledge of the family history and facts of heirship of: \_\_\_\_\_  
NAME OF DECEASED PERSON (DECEDENT)

I am not the claimant, and I will not benefit from the decedent's estate.  True

The decedent was my \_\_\_\_\_ . I knew the decedent for \_\_\_\_\_ years.  
RELATIONSHIP

## SECTION B. DECEDENT INFORMATION

2. Decedent died on or about \_\_\_\_\_, being \_\_\_\_\_ years old the date of their death, in  
DATE OF DEATH  
\_\_\_\_\_ County/Parish, State of \_\_\_\_\_.

Decedent left a will:  Yes  No

If yes, was the will probated?:  Yes  No *If yes, this form is not required and the claimant should submit the required documents for a probated will. If no, continue completing this form. The claimant must provide a complete copy of the will along with this form.*

Decedent owned, at the time of their death, land or interest situated in \_\_\_\_\_ County/Parish, State of \_\_\_\_\_.

The land/interest described above was:  Community Property  Separate Property  
- Acquired during marriage and NOT by gift or inheritance - Acquired by gift, inheritance, or while decedent was NOT married

## SECTION C. MARITAL AND FAMILY HISTORY

3. Did the decedent have:

a. A surviving spouse at the time of death?  Yes  No

b. Surviving children or children's descendants at the time of death?  Yes  No

*If no to both a & b, proceed to #7.*

4. At the time of decedent's death, decedent was:  Never Married  Married  Divorced/widowed

List all marriages, including those that ended in divorce or death.

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

5. Did the decedent have any children (biological or legally adopted)?  Yes  No *If no, proceed to #7.*

NAME OF CHILD	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	CURRENT ADDRESS

6. Are any of the children listed in #5 deceased?  Yes  No *If yes, complete the information below.*

NAME OF DECEASED CHILD	DATE OF DEATH	SURVIVING SPOUSE NAME (IF APPLICABLE)	CHILD OF DEC'D CHILD'S NAME, DOB AND CURRENT ADDRESS	IS CHILD ALIVE? Y/N	CHILD OF DEC'D CHILD'S OTHER PARENT

7. Provide the following information on the decedent's parents:

NAME OF PARENT	IS THIS PARENT DECEASED?	IF YES, PROVIDE DATE OF DEATH	CURRENT ADDRESS

8. Did the decedent have siblings?  Yes  No *If yes, complete the information below.*

List all siblings, including half or adopted. Do not include stepsiblings unless legally adopted.

NAME OF SIBLING AND CURRENT ADDRESS	DATE OF BIRTH	DECEASED? Y/N	SIBLING MOTHER NAME	SIBLING FATHER NAME



**CORROBORATING AFFIDAVIT**

STATE OF \_\_\_\_\_ §

§

COUNTY OR PARISH 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC