

AFFIDAVIT OF HEIRSHIP

I, _____, residing at _____
_____ in _____, of lawful age upon oath and penalty of perjury
state the following:

I am entitled to receive unclaimed property from the Office of the State Treasurer of Oklahoma,
which has custody of the property under the Oklahoma Unclaimed Property Act.

I am an heir of _____;

The listed owner was my _____;

I (**am**) (**am not**) the only heir of the listed owner. (**circle one**)

If I am not the only heir, I have provided the names, last known addresses, and where possible
the phone numbers of the other heirs to the best of my knowledge in the ATTACHMENT which is
part of this affidavit. If applicable, the ATTACHMENT must be returned.

Initial the true statement:

_____ (1) There has been no known probate of the estate of
the listed owner and none is contemplated.

_____ (2) There was a probate and a final order of distribution
and the County Clerk of Court shows the case is closed. **Send the
certified final order of distribution.**

_____ (3) There was a probate but no final order of distribution and the County Clerk of
Court shows the case as dismissed/closed;

_____ (4) There was a probate but no final order of distribution and the County Clerk of
Court show the case as open.

_____ (5) The listed owner had a trust at the time of death and
the property was included in the trust. **Send a copy of the trust.**

I agree to indemnify or repay the State of Oklahoma in whole or in part, if another claimant
should assert and prove a superior claim to the property. I also agree to indemnify the State of
Oklahoma for the property and attorney's fees should a subsequent audit establish that there
was fraud in obtaining the property.

If other heirs are to be paid and I receive the entire property, I agree to distribute the property to
the other heirs entitled to the property.

(Signature of Affiant & Print Name)

State of _____)

)ss.

County of _____)

Subscribed and sworn to before the undersigned notary this ____ day of _____ 20 ____.

My Commission Expires: _____

Notary Public

Commission no. _____

(seal)

**ATTACHMENT TO THE
AFFIDAVIT OF HEIRSHIP**

The names, addresses and phone numbers of the other heirs of the listed owner are provided to the best of my knowledge.

(Signature of affiant/claimant; notarization is unnecessary)

Name

Name

Address

Address

Phone number

Phone number

Relationship to Listed Owner

Relationship to Listed Owner

Name

Name

Address

Address

Phone number

Phone number

Relationship to Listed Owner

Relationship to Listed Owner

If there are other heirs, please use an additional sheet.

Verification of Instrument

Please Check One: Trust Will

I, the undersigned claimant, certify and swear that the foregoing instrument, as designated above, of _____, dated the _____ day of _____, 20____, is a true, correct, and most current copy, including all amendments, [Trusor's/Owner's Name]

_____, 20____, is a true, correct, and most current copy, including all amendments, [Month]

of said instrument, and to the best of my knowledge has not been revoked by said

Trusor/Owner.

BY CLAIMANT:

Signature (Please sign & print)

Date