

## INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF HEIRSHIP

1. This form should be completed by someone other than an Heir. This person should be someone who is familiar with the family history of the deceased (decedent), and who will obtain no benefit from the Estate.

The person who fills out the form is referred to as the "AFFIANT".

- 2. The person completing this Affidavit should read carefully and answer all the questions that are applicable; paying particular attention to the name(s) and address(s) of the heir(s).
- 3. Sign the "Affidavit of Heirship" in front of a Notary Public, so it can be notarized.
- 4. The completed, notarized form should be sent to the appropriate county for recording/filing.\* Recording/filing fees will apply; therefore, contact the clerk of court for the appropriate county to obtain fees and instructions for correctly recording/filing forms in that county. Please have recorded forms returned to you for verification purposes.
- 5. Please send copies of the recorded forms to Mitsui E&P USA LLC and keep a copy for your files.
- 6. *Mitsui E&P USA LLC* will complete the Ownership Transfer process once the recorded forms are received.

## **AFFIDAVIT OF HEIRSHIP**

(FILL IN ALL BLANKS)

STA	ATE OF		§						
CO	UNTY OF		§						
	AME OF DECEDENT:				ATE OF EATH:		AGE:		
	DECENDENT'S DDRESS:			C	ITY/STATE/ZIP:				
<b>AF</b> ]	FIANT'S Name	e: [Name of person filling out	t form (cannot be	an heir of the	and addre	ess is:		,	
I an	n of lawful age a	and being duly sworn, upon o	oath, deposes and , hereinafter re	I say that I w ferred to as "	as well acquainted, the Decedent,"	but <u>not an k</u>	<i>eir</i> of th	e deceased:	
		s and statements given in the				ant's person	al knowl	edge and	
1.	How long did y	you know the Decedent?	Years Wh	ole Life	Other				
2.	How well did y	you know the Descendent?	Very Well	Well	Other				
3.	What was your	r relationship to the Deceden	nt?						
4.	Did the Decede	ent leave a will? Yes	No I don	't know					
5.		time during the Decedent's				Yes No_			
6.	Have any proceedings been commenced with respect to the Decedent's estate? Yes No  If yes, complete the following to the best of your knowledge: Proceedings were commenced in  County, State								
	and the admini	istrator is Administrator's N	ame , r	esiding at:	dministrator's Addr	ress:	, State		
7.		debts still owing by the Dece o pay such debts? Yes		es No	If yes, will the	size of the es	state be s	ufficient in	
8.		death was the Decedent Sing at was the Decedent's surviv							
9.		t was married at the time of n did such surviving spouse			riage, surviving spo		address	s or, if	
10.	How many time	nes was the Decedent married		G		Death			

11.	If one or more former spouses is of deceased, specify whether or not it					where such death o	or divorce occurred. If	
	Name of Former Spouse	Date of Deat	h Date of E	Divorce		ace of Death or ace of Divorce	If deceased, were they married to Decedent at time of death?	
12.	What is the total number of Decedent's children by any spouse? Complete the following table with respect to all children of the Decedent, whether living or deceased:							
	Name of Child	Date of Birth & Age	h Mailing Address or Date of Death			Name of Child's other Parent		
13.	Were any of Decedent's children adopted? Yes No If Yes, which one(s) and when?							
	Name of Adopted Child	Date of Adoption	Living or Deceased		Mailing Address or Date of Death			
•	<b>NOTE</b> : If any child (natural or adopted) is now deceased, complete item #14 below, and furnish a separate Affidavit of Heirship for such child.							
14.	Complete the following table with respect to all children of every deceased child (if any) of the Decedent.							
	Name of Decedent's Deceased Children	Children of Do	eceased Child	sed Child Date of Birth			ing Address or ate of Death	

15.	If any children or grandchildren did not survive the Decedent, then give below the names and addresses of the Decedent's father, mother, and all brothers and sisters.									
	Name of Relative	Relationship	Age	Present Add	ress or Date of Death					
16.	If the Decedent was not survived by any children, grandchildren, father, mother, brothers or sisters, then give the names and addresses of the nearest surviving relatives:									
	Relative(s) Name	Relationship	Age	Pre	sent Address					
•										
A	ACKNOWLEDGEMENT									
	AFFIANT:Signate	ure		Printed Name						
ı	AFFIANT's PHONE/ EMAIL:			_/	<del></del>					
1	WITNESS:									
	Signa	ature		Printed Name						
	Sub									
	Suc	scribed and sworn to be	this	_ day of						
				(month)	, 20 (yr)					
		Nota	ary Public Si	(month) gnature						