* Required if the decedent (the person who died) has only one distributee (heir) or if the distributees are grandparents, aunts-uncles, or cousins. Must be completed by a person who knows decedent’s family tree, has no financial interest, and is not the only distributee, or the only distributee’s spouse or child (UR 207.16[c]).
* Complete only as much of the form as required. If there are no relatives in a section, write “None.”
* If a person’s date of death is unknown, indicate whether that person died before the decedent (by writing “predeceased”) or died after the decedent (by writing “post-deceased”).
* If more space is needed, attach additional sheet(s). Sign on page 4 in front of a Notary Public.

**SURROGATE’S COURT OF THE STATE OF NEW YORK COUNTY OF**

**X**

**PROCEEDING FOR VOLUNTARY ADMINISTRATION FAMILY TREE**

**Estate of AFFIDAVIT**

a/k/a

**Deceased File No. X**

STATE OF )

COUNTY OF )

I, , BEING DULY SWORN, DEPOSE AND SAY: I AM OVER THE AGE OF 18 AND RESIDE AT:

**MY RELATIONSHIP TO THE DECEDENT IS** (examples: cousin, family friend, clergyperson, etc.)**:**

I KNEW THE DECEDENT FOR YEARS, AND MY KNOWLEDGE OF HIS/HER FAMILY TREE IS

**BASED ON** (examples: conversations with decedent or decedent’s family, visits, etc.)**:**

1. **a) DECEDENT’S MARRIAGES** (name most recent spouses first)**:** ►Decedent was never married [ ]. **SURVIVING SPOUSE:** ► Surviving spouse died after decedent [ ]. **EX-SPOUSE:** [ ] divorced or [ ] died while married to decedent. **EX-SPOUSE:** [ ] divorced or [ ] died while married to decedent.
   1. **DECEDENT’S CHILDREN** (include non-marital children [born out of wedlock] and adopted children)**: NAME: DATE OF DEATH** (if deceased)**:**

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* 1. DECEDENT’S GRANDCHILDREN AND THEIR ABOVE-NAMED PARENT:

NAME: CHILD OF: DATE OF DEATH (if deceased):

d) DECEDENT’S GREAT GRANDCHILDREN AND THEIR ABOVE-NAMED PARENT:

**NAME: CHILD OF: DATE OF DEATH** (if deceased)**:**

 ***STOP.*** *Go to* **(2)** *only if no one is listed above, everyone listed above died before (predeceased) the decedent * *or all “Decedent’s Children” listed above are non-marital children (born out of wedlock) of a male decedent.*

1. **DECEDENT’S PARENTS: DATE OF DEATH** (if deceased)**: MOTHER: FATHER:**

***STOP.*** *Go to* **(3)** *only if both parents died before (predeceased) the decedent.*

1. **a) DECEDENT’S BROTHERS AND SISTERS** (include half-brothers and half-sisters)**:**

**NAME: DATE OF DEATH** (if deceased)**:**

* 1. **DECEDENT’S NIECES AND NEPHEWS AND THEIR ABOVE-NAMED PARENT:**

**NAME: CHILD OF: DATE OF DEATH** (if deceased)**:**

* 1. **DECEDENT’S GRANDNIECES AND GRANDNEPHEWS AND THEIR ABOVE-NAMED PARENT:**

**NAME: CHILD OF: DATE OF DEATH** (if deceased)**:**

***STOP.*** *Go to* **(4)** *and* **(5)** *only if everyone listed above died before (predeceased) the decedent.*

1. **a) DECEDENT’S MATERNAL GRANDPARENTS** (mother’s side of family)**: DATE OF DEATH** (if deceased)**: GRANDMOTHER: GRANDFATHER:** 
   1. **DECEDENT’S MATERNAL AUNTS AND UNCLES:**

**NAME: DATE OF DEATH** (if deceased)**:**

* 1. **DECEDENT’S MATERNAL FIRST COUSINS AND THEIR ABOVE-NAMED PARENT:**

**NAME: CHILD OF: DATE OF DEATH** (if deceased)**:**

5. a) DECEDENT’S PATERNAL GRANDPARENTS (father’s side of family): DATE OF DEATH (if deceased):

GRANDMOTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRANDFATHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DECEDENT’S PATERNAL AUNTS AND UNCLES:**

**NAME: DATE OF DEATH** (if deceased)**:**

1. **DECEDENT’S PATERNAL FIRST COUSINS AND THEIR ABOVE-NAMED PARENT:**

**NAME: CHILD OF: DATE OF DEATH** (if deceased)**:**

 *If everyone listed above predeceased the decedent, list any first cousins once removed (children of predeceased * *first cousins) who survived the decedent and their above-named parent on a separate sheet (see EPTL 4-1.1[a][6],[7]).*

THERE ARE NO OTHER PERSONS WHOSE DEGREE OF RELATIONSHIP TO THE DECEDENT IS THE SAME AS, OR NEARER TO, THE PERSONS NAMED ABOVE.

**Signature:**

**Sworn to before me on**

**, 20 Print Name**

**Notary Public**

My Commission Expires:

(Affix Notary Stamp or Seal) - 4 -