**UNITED STATES DEPARTMENT OF THE INTERIOR**

**OFFICE OF HEARINGS AND APPEALS
HEARING DIVISION**

**DATA FOR HEIRSHIP FINDING AND FAMILY HISTORY**

*NAME OF DECEDENT (Give all names by which decedent was known):*

Sex: Tribe: and Allotment or Identification No.

Deg. of Blood: Additional Numbers:

Date of Birth: Certificate Attached: ­

Date of Death: Place: Certificate Attached:

Last Place of Residence:
City State Zip Code

Death Determined to be:

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| **MARRIAGES** |
| Names | MarriedDate How  | Date of Birth | Date of Death | DivorcedDate How | Tribe & AL/ ID # or Non-Indian | Deg. of Blood |
|  |  |  |  |  |  |  |  |  |
| **CHILDREN** |
| Names | WI/WOI | Sex  | Date of Birth | Name of Other Parent | Date ofDeath | Tribe & AL/ ID # or Non-Indian | Deg. of Blood |
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| **CHILDREN OF DECEASED CHILDREN** |
| Names | WI/WOI | Sex  | Date of Birth | Name of Both Parents | Date ofDeath | Tribe & AL/ ID # or Non-Indian | Deg. of Blood |
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| **PARENTS** |
| Names | WI/WOI | MarriedDate | Date ofBirth | Date ofDeath | DivorcedDate | DivorcedHow | Tribe & AL/ ID # or Non-Indian | Deg. of Blood |
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| **BROTHERS AND SISTERS** |
| Names | WI/WOI | Sex | Date ofBirth | Names of Both Parents | Date of Death | Tribe & AL | Deg. of Blood |
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| **CHILDREN OF DECEASED BROTHERS AND SISTERS** |
| Names | WI/WOI | Sex | Date ofBirth | Names of Both Parents | Date of Death | Tribe & AL or ID | Deg. of Blood |
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| **GRANDPARENTS** |
| Names | WI/WOI | MarriedDate | MarriedHow | Date ofBirth | Date of Death | DivorcedDate | DivorcedHow | Tribe & AL | Deg. of Blood |
|  |  |  |  |  |  |  |  |  |  |
| **COLLATERAL RELATIVES** |
| Names of Nearest RelativesWho Survived Decedent | WI/WOI | Date of Birth | If Dead, Give Date andSurviving Family | Name of Both Parents | How RelatedDegree | Ancestry | Tribe & AL | Deg. of Blood |
|  |  |  |  |  |  |  |  |  |
| **ADDITIONAL INFORMATION** |
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**WILL INFORMATION**

Date will was executed: (Give date and forward all copies to Administrative Law Judge. If no will, indicate “None.”

Please list all wills executed by decedent in inverse order of execution.)

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| **SCRIVENER/WITNESSES/NOTARY TO LATEST WILL AND ADDRESSES** |
|  Names | Address |
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| **BENEFICIARIES** |
| Names of Beneficiaries | Date of Birth | Tribe & AL | How Related | Deg. of Blood |
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| **PERSONAL PROPERTY** |
| Account | DOD Balance | DOS Balance | DOH Balance | Description & Source | Where Deposited |
|  |  |  |  |  |  |
| **REAL PROPERTY** (List attached sheet number. If none, indicate “None”.) |
| # of Tracts  | (To be FURNISHED BY Area Title Offices or appropriate entity Reservation Code) | Estimated Value |
|  |  | $ |
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| **ADOPTIONS** |
| Give names, dates of adoptions, whether tribal court, names of natural parents and adoptive parents with blood quantum of both. (If there is a volume number and page of adoption record, so indicate.) Date of Tribal Volume Page Names Adoption Court Adoptive Mother Adoptive Father Natural Mother Natural Father No. No.  |
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| **ILLEGITIMATE CHILDREN** |
| Give names, WHETHER OR NOT ACKNOWLEDGED BY FATHER, DATE OF SUCH ACKNOWLEDGEMENT, AND NAME, TRIBE, AND ALLOTMENT OR IDENTIFICATION NUMBER, AND BLOOD QUANTUM OF FATHER. (IF non-Indian, so indicate.) Acknowledgement Father’s Father’s Names by Father Date Father’s Name Father’s Tribe Indian ID # Degree of Blood |
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| **CLAIMS** |
| Claimant Address Amount |
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| **INTERESTED PARTIES, BENEFICIARIES, CREDITORS, AGENCIES, WITNESSES** |
| Give names, and addresses of all heirs at law if a will was executed, names and addresses of all beneficiaries, witnesses to will, agency, and creditors. If any are minors, give name and address of legal guardian or custodian. Names Address |
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I hereby certify that at this date the information contained herein is a full, true and complete summary of the records of this agency as to the matters set forth.

Date: signed: Contact #:

 **Family Member to Decedent**

Modified and conformed to the evidence after hearing:

Date: signed:

 **Administrative Law Judge**