**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 | | | Married  Date How | | | | | | | | | Date of  Birth | | | | Date of  Death | | Divorced Date How | | | | | | Tribe & AL  / ID # or Non-Indian | | | Deg. of  Blood | |
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| **CHILDREN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names | | WI/  WOI | | | Sex | | | | Date of  Birth | | | | | Name of Other Parent | | | | | | | Date of  Death | | | 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 of  Death | Tribe & AL  / ID # or Non-Indian | | | Deg. of  Blood | | |
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| **PARENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Names | WI/  WOI | | | | | | Married  Date | | | | Date of  Birth | | | | Date of  Death | | Divorced Date | | Divorced How | | | | | | Tribe & AL  / ID # or Non-Indian | | | Deg. of  Blood |
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| **BROTHERS AND SISTERS** | | | | | | | | | | | | | | | | | | | |
| Names | | | WI/  WOI | | Sex | | Date of  Birth | | | 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 of  Birth | | | Names of Both Parents | | | | | Date of Death | | Tribe & AL or ID | | Deg. of  Blood | |
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| **GRANDPARENTS** | | | | | | | | | | | | | | | | | | | |
| Names | WI/  WOI | Married  Date | | | Married How | | | Date of  Birth | | | Date of  Death | | Divorced  Date | | Divorced How | | Tribe & AL | Deg. of  Blood | |
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| **COLLATERAL RELATIVES** | | | | | | | | | | | | | | | | | | | |
| Names of Nearest Relatives Who Survived Decedent | WI/  WOI | Date of Birth | | If Dead, Give Date and Surviving Family | | | | | Name of Both Parents | | | How Related Degree | | | Ancestry | | Tribe & AL | | Deg. of  Blood |
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| **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**