



Countrymark Refining and Logistics, LLC
401 Southwind Plaza
Mt. Vernon, IN 47620
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INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF HEIRSHIP & SOLVENCY

1. Document must be completed and signed by a person, the “Affiant”, who is **NOT** listed on this form as a direct beneficial owner of the deceased.
2. The State of ___ County of ___ stated on the top left of the form should be entered based on where the Affiant is located when completing the form.
3. For privacy purposes, only the last four digits of the decedent’s social security number is required.
4. If the answer to the question(s) does not apply, please enter “none” or “not applicable (n/a)” in the space provided. This document will be returned if any question(s) is unanswered.
5. Information must be entered as of the date of decedent’s death.
6. Please read carefully and answer all questions, paying particular attention to the spelling of name(s) and address(s) of the heir(s). Please print clearly.
7. This form must be signed in the presence of a Notary Public.
8. After the document has been completed and notarized, a copy must be furnished to CountryMark at the below address.

Mail: CountryMark
Attn: Division Order Department
401 Southwind Plaza
Mount Vernon, IN 47620
E-Mail: division.order@countrymark.com

9. CountryMark will review the documentation supplied and advise of any further requirements.

THESE INSTRUCTIONS ARE FOR INFORMATIONAL PURPOSES ONLY



AFFIDAVIT OF HEIRSHIP AND SOLVENCY

HEIRSHIP OF _____, DECEASED

CountryMark Owner # _____ (7 digits or less)

DECEASED OWNER'S SOCIAL SECURITY #XXX-XX-_____

State of _____)
) ss.
County of _____)

I, _____, Affiant, of lawful age, being first duly sworn, upon his/her oath deposes and says: That he/she was personally well acquainted with the above named decedent, during his/her lifetime, having known him for _____ years, and that Affiant bears the following relationship to the said decedent, to-wit:

Affiant further states that the said decedent departed this life at _____, in _____ State of _____, on or about _____, 20____, being _____ years old at the date of his/her death.

Affiant further states that he/she was well acquainted with the family and near relatives of the said decedent and that the following statements and the answers to the following questions are based upon the personal knowledge of affiant and are true and correct:

QUESTION 1 - Did the decedent **leave a Will**? If yes, please attach a **signed copy of the decedent's Will**. Answer _____

QUESTION 2 - If yes, has the Will been admitted to probate - at what place and when? Answer _____

QUESTION 3 - Has a personal representative been appointed by the Court for the estate of the deceased? Answer _____

QUESTION 4 - If yes, give the County and State in which the said administration proceedings are pending and the name and address of the personal representative. Answer _____

QUESTION 5 - Give the legal name and address of the **surviving** widow or widower of the decedent.
Answer: Name _____ Address _____



QUESTION 6 - If the decedent was married previously, give the name or names of the former husband or wife, and state whether marriage(s) ended in death or divorce by providing the date of said death or divorce in the space provided.

Name _____ Deceased _____ Divorced _____

QUESTION 7 - On the blank lines below, give the legal names and places of residence of all children (**biological and/or adopted**) who **survived** decedent, together with the other information requested:

Name of Child	Date of Birth	Address (Street, City, State, Zip)	Name of Father and Mother
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

QUESTION 8 - Give the names of any children (**biological and/or adopted**) who **predeceased the decedent**, together with the other information called for, and list under Question 9 the children of any such predeceased persons. **If the answer to the question(s) does not apply, please enter "none" or "not applicable (n/a)" in the space provided. This document will be returned if any question(s) is unanswered.**

Name of Child	Date of Birth	Date of Death	Name of Father and Mother
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

QUESTION 9 - Give the legal names of any children (**biological and/or adopted**) of any **predeceased son or daughter** of the decedent, together with the information called for. **If the answer to the question(s) does not apply, please enter "none" or "not applicable (n/a)" in the space provided. This document will be returned if any question(s) is unanswered.**

Name of Child	Date of Birth	Address (Street, City, State, Zip)	Name of Father and Mother
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

