

Section 4. The following children were born to (in or out of lawful wedlock) or adopted by the decedent:

Name of Child **	Date of Birth	Address and Social Security No. or, if not living, Date of Death	Natural or Adopted	Name of Father and Mother
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****If any of the individuals listed in Section 4 are deceased, please complete Section 5.**

Section 5. The following children were born to or adopted by a deceased natural or adopted child:

Name of Child	Date of Birth	Address or, if not living, Date of Death	Name of Father and Mother
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 6. Decedent was survived by the following parents, brothers, sisters and descendants of deceased brothers and sisters:

NOTE: Write “does not apply” below if Sections 4 and 5 show other heirs.

	Name	Address or, if not living, Date of Death
A. Father	_____	_____
B. Mother	_____	_____
C. Brothers and Sisters	_____	_____
	_____	_____

	Name	Address or, if not living, Date of Death	Name of Father and Mother
D. Descendants of Deceased	_____	_____	_____
Brothers and Sisters	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Section 7. Decedent was survived by the following grandparents, uncles, aunts and descendants of deceased uncles and aunts:

NOTE: Write "does not apply" below if Sections 3-6 show other heirs.

	Name	Address or, if not living, Date of Death
A. Paternal Grandparents	_____	_____
	_____	_____
	_____	_____
B. Maternal Grandparents	_____	_____
	_____	_____
	_____	_____

	Name	Address or, if not living, Date of Death	Name of Father and Mother
C. Aunts and Uncles of Decedent	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
D. Descendants of Deceased	_____	_____	_____
Aunts and Uncles	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Section 8. In any person(s) listed in Sections 4 and/or 5 is a minor (under 18 or 21 years of age, whichever is applicable), the name and address of the guardian, if any, for such minor person(s) is specified below:

Name of Minor	Name of Guardian	Address of Guardian
_____	_____	_____
_____	_____	_____

Section 9. If any living person(s) shown in 3-7 has been adjudged insane or declared non compos mentis, the name and address of the guardian or conservator of the estate of such person(s), if any, is shown below:

Name	Name of Guardian or Conservator	Address of Guardian or Conservator
_____	_____	_____
_____	_____	_____

Section 10. Said decedent owned interest(s) in the following properties for which CAPITAL STAR OIL & GAS, INC. makes payments:

State	County or Parish	General Description of Property Interests	Community or Separate	Homestead (yes or no)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section 11. Said decedent _____ leave a will, which will, if any, _____ been admitted to probate in the Probate
(did or did not) (has or has not)

Court of _____ County, or Parish, State of _____.

Section 12. An administration on the estate of the decedent _____ been taken out.
(has or has not)

Section 13. The name and address of the administrator or executor, if one has been appointed, is:

_____	_____
Name	Address

Section 14. The debts of the decedent and the debts of the estate of the decedent, if any, _____ been paid.
(have or have not)

Section 15. The inheritance and estate taxes, if any, including any inheritance and estate taxes of the State in which the property covered in Section 10 is located, _____ been paid. (have or have not)

AFFIANT SIGN HERE: _____

Subscribed and sworn to before me this ____ day of ____, 20__.

My commission expires _____

Notary Public

Affidavit Corroborating Affidavit of Heirship

State of _____

County or Parish of _____

_____, of lawful age, being first duly sworn, upon his or her oath states that the information given in the above and foregoing affidavit is true, to the personal knowledge of this affiant.

Corroborating Affiant Sign Here: _____

Subscribed and sworn to before me this ____ day of ____, 20__.

Notary Public

NOTE: If any heirs of the decedent have died since the decedent's death, separate proof of heir ship as to each heir will be required.

For title transfers where there is no Will or where the Will is not to be probated, we suggest that you file a copy of this Affidavit, along with a certified copy of the death certificate, in the County(ies) or Parish(es) where the owner had an interest in real property. *

*Capital Star Oil & Gas, Inc. reserves the right to file this Affidavit of Heirship for record in the counties where the deceased owned property.