



Instructions for Completing Affidavit of Heirship

(DO NOT RECORD THIS PAGE)

1. The person filling out this form may be a member of the family, as long as they are not an heir/beneficiary to the deceased.
2. The Corroborating Affidavit (2nd signature) must be signed by a person not a member of the family.
3. This form must be signed in the presence of a Notary Public.
4. After the document has been signed and notarized, we require that you have this document recorded in the county/parish where the minerals reside.
5. Once the affidavit has been recorded and returned to you, a recorded copy must be furnished to us at:

Mail: WildHorse Resources Management Co LLC

Attn: Land Administration

P.O. Box 79588

Houston, Texas 77279

Email: OwnerRelations@wildhorseresources.com

Fax: 713-568-4911 Attn: Land Administration

6. Please include a copy of the death certificate when sending us the recorded copy of the Affidavit of Heirship.

7. **VERY IMPORTANT:** When sending the recorded Affidavit to our office, we must also be provided with a W-9 for all heirs/beneficiaries. Failure to provide this information will delay processing. A blank form W-9 is available on our website (www.wildhorserd.com).

Please note: If any heirs of decedent have died since his (or her) death, we require separate affidavits of heirship for each heir.

Should you have any questions, please call our owner relations hotline at 713-255-9333 or email us at OwnerRelations@wildhorseresources.com.

Affidavit of Heirship

Decedents Name _____

State of _____

County/Parish of _____

_____ of lawful age, being first duly sworn, upon oath deposes and says:

That affiant was personally acquainted with _____ (decedent), during his/her lifetime, having known him/her for _____ years, and that affiant bears the following relationship to said decedent, to wit: _____. Said decedent departed this life in _____ County/Parish, State of _____ on or about _____ (MM/DD/YYYY), being _____ years old at the date of death.

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

1. Did the decedent leave a will? _____ if so, has the will been admitted to probate? _____
In what County/Parish and State? _____ When? _____
2. Has an administrator or executor been appointed for the estate of the decedent? _____
if so, give the county/parish and state in which said administration or probate proceedings are pending: _____
3. Give name and address of administrator or executor: _____
4. Did the decedent leave any unpaid debts that have yet to be paid? _____ if so, what amount? _____
5. Was the decedent married, single, widowed or divorced at the time of death? _____
6. If married, give name and address of surviving spouse: _____
Date of marriage: _____; if not living, date of death: _____
7. When was the property of this affidavit acquired by the decedent? _____
8. Was it acquired by gift, devise, inheritance or purchase? _____
9. On the blank lines below, please provide a list of all children of the Decedent, whether living or dead, natural or adopted. An additional list may be attached if necessary.

Name of Child	Date of Birth	Child's Other Parent	Present Address or Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. On the blank lines below, please provide the requested information with respect to all children of every deceased child (if any) of the Decedent. An additional list may be attached if necessary.

Name of the Decedent's Deceased Child	Children of the Deceased Child	Date of Birth	Present Address or Date of Death
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. If the decedent did not have any children, list below the names and addresses of any parent or sibling who was living at the time of decedent's death:

Name	Relationship	Date of Birth	Address, or if not living, Date of Death

Signature of Affiant _____ Printed Name of Affiant _____

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

My commission expires:

Notary Public
Printed Name of Notary _____

Corroborating Affidavit

State of _____
County/Parish of _____

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

Signature of Corroborating Affiant _____ Printed Name of Corroborating Affiant _____

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

My commission expires:

Notary Public
Printed Name of Notary _____