

**Information to send to Valence Operating Company
to Change Ownership resulting from Inheritance**

DECEASED – TESTATE (With a Will)

- A. A copy of the Death Certificate
- B. A copy of Letters Testamentary IF payments are to be issued to the estate of the deceased. Please include any Tax Identification Number, if applicable.
- C. A copy of the probated Will, with Final Decree and/or Order Admitting Will to Probate
- D. If the deceased owner had a Will that was one of the following:
 - (1) probated in the county of his/her place of residence, but the county is not the location of the well(s),

OR
 - (2) the Will was not admitted for probate, then the Will should be filed of record in the Deed or Public records of the county(ies) where the well(s) are located. (Download County Clerk Information sheet) Once the recorded form has been returned to you, we ask that a copy be forwarded to the Division Order Department for our files.
- E. Provide the name, address, telephone number and Social Security Number of each of the heirs of the deceased owner.
- F. A copy of any trust agreements, if applicable.

DECEASED – INTESTATE (Without a Will)

- A. A copy of the Death Certificate
- B. If the deceased owner had no Will, then an Affidavit of Heirship must be used to distribute any assets of the deceased, in accordance with the Laws of Descent and Distribution.
 - (1) The heirship affidavit must be completed by a disinterested party, who is familiar with the family and marital history of the deceased, but does not stand to benefit from the estate.
 - (2) The affidavit must be filled out in its entirety and as accurately as possible. Please write legibly.
 - (3) Once the form has been completed, it must be notarized and filed of record in the county(ies) where the well(s) are located. (Download the County Clerk Information sheet)

After the recorded heirship affidavit has been returned to you, we ask that a copy be forwarded to the Division Order Department for our files.

- C. Provide the name, address, telephone number and Social Security Number of each of the heirs of the deceased.

AFFIDAVITS OF HEIRSHIP

An Affidavit of Heirship form has been made available for your use should this option be chosen in order to distribute the estate of the deceased. Please note the following:

If the deceased died intestate (without a Will) or the estate is small and the cost of probate is prohibitive, then many people choose to use an affidavit of heirship to distribute the assets of an estate. In most instances, it is preferred that two (2) separate forms be completed by two (2) separate individuals; however, this requirement may vary from company to company.

Regardless, the Heirship Affidavit **MUST** be completed by a disinterested person, who is familiar with both the family and marital history of the deceased, but does not stand to benefit from the estate. For our particular purposes, once the form has been completed and notarized, it **MUST** be filed of record in the County Clerk's office in the county(ies) where the well(s) are located. Once the form has been recorded and returned to you, we ask that a copy of the recorded document be furnished this office for our files.

IMPORTANT!

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It should be clearly understood that use of an Affidavit of Heirship requires that an estate be distributed in strict accordance with the Laws of Descent and Distribution, which require that the assets be passed in direct line within the family (i.e., from parent to child to grandchild, etc.) and may not be used in conjunction with any special bequests. *(Use of this form requires that the estate be distributed as outlined in the examples listed at the bottom of the page)*

Lastly, it should be understood that an Heirship Affidavit is used to create a formal legal instrument that will serve to document the proper chain of title and ownership attributed to the deceased and as such, it must be completed in its entirety and as accurately as possible. Whenever possible, please include each individual's entire name, accurate dates of death, divorce, etc. and a complete mailing address. Please write clearly and legibly.

A list of specific County Clerk offices has been made available for your use in recording any pertinent documents.

For information purposes, please note that use of an Heirship Affidavit will require that an owner's interest(s) be distributed as follows:

SEPARATE PROPERTY:

When an individual dies intestate (without a Will), leaving a surviving spouse and children, then the surviving husband or wife shall be entitled to a Life Estate in one-third (1/3) of the estate, with the remaining two-thirds (2/3) of the estate to the child or children of the deceased. Upon the death of the surviving spouse, the Life Estate will terminate and the one-third (1/3) interest shall pass to the children.

COMMUNITY PROPERTY:

When an individual dies intestate (without a Will), the community property portion of the estate will pass to the surviving spouse if (1) there are no children or (2) any children are the children of both the deceased spouse and the surviving spouse.

When an individual dies without a Will and any children ARE NOT the children of the surviving spouse, then one-half (1/2) of the community estate is retained by the surviving spouse and one-half (1/2) shall pass to the children of the deceased.

AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED OF PUBLIC RECORD WITH THE COUNTY CLERK'S OFFICE IN THE COUNTY WHERE THE REAL PROPERTY IS LOCATED.

THIS AFFIDAVIT MUST BE COMPLETED BY A *DISINTERESTED* THIRD PARTY (AFFIANT) WHO WILL NOT BENEFIT FROM THE DECEDENT'S ESTATE. DO NOT COMPLETE THIS FORM IF THE DECEDENT LEFT A WILL THAT WAS PROBATED IN COURT OR THERE HAS BEEN SOME OTHER TYPE OF COURT DETERMINATION TO THE ESTATE.

DECEASED OWNER'S NAME _____

SECTION A. WITNESS INFORMATION.

1. My name is: _____

My current address is: _____

I have personal knowledge of the family history and facts of heirship of: _____
NAME OF DECEASED PERSON (DECEDENT)

I am **not the claimant**, and I **will not benefit** from the decedent's estate. True

The decedent was my _____. I knew the decedent for _____ years.
RELATIONSHIP

SECTION B. DECEDENT INFORMATION

2. Decedent died on _____
DATE OF DEATH

Decedent's residence at the time of decedent's death: _____
CITY STATE ZIP

Decedent left a PROBATED will: Yes No (if yes, this form is not required, file the Probated Will in the appropriate County)

SECTION C: MARITAL AND FAMILY HISTORY

If additional space is needed for any of the fields below, please provide an attachment with the additional information

3 At the time of decedent's death, decedent was: Never married Married Divorced/widowed
 List **all** marriages, including those that ended in divorce or death. (Mark N/A if not applicable)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF SPOUSE'S DEATH	CURRENT ADDRESS

4. Did the decedent have any children (biological or adopted)? Yes No (If yes, complete information below. If no, proceed to #6)

NAME OF CHILD	DATE OF BIRTH	NAME OF CHILD'S OTHER PARENT	CURRENT ADDRESS

5. Are any of the children listed in #4 deceased? Yes No (If yes, complete information below. If no, proceed to Section D – Attestation)

DECEASED CHILD INFORMATION

CHILDREN OF DECEASED CHILD

NAME OF DECEASED CHILD	DATE OF DEATH	CHILD	IS CHILD ALIVE? Y/N	CHILD'S OTHER PARENT <small>(IF KNOWN)</small>

6. Did the decedent have:

- a. A surviving spouse at time of death? Yes No
- b. Surviving children or children's descendants at time of death? Yes No
- c. *If yes to at least one of the above, proceed to Section D – Attestation*

7. Provide the following information on the decedent's parents:

NAME OF PARENT	IS THIS PARENT DECEASED?	IF YES, PROVIDE DATE OF DEATH	CURRENT ADDRESS IF LIVING

- 8. Are either of the decedent's parents deceased? Yes No *(If yes, complete information below. If no, proceed to Section D – Attestation)*
- 9. Did the decedent have LIVING siblings? Yes No *(If yes, complete information below. If no, proceed to Section D – Attestation)*

NAME OF SIBLING CURRENT ADDRESS	DATE OF BIRTH	SIBLING MOTHER NAME	SIBLING FATHER NAME

10. Did the decedent have DECEASED siblings? Yes No *(If yes, complete information below. If no, proceed to Section D – Attestation)*

DECEASED SIBLING INFORMATION

CHILDREN OF DECEASED SIBLING

NAME OF DECEASED SIBLING	DATE OF DEATH	IS SPOUSE ALIVE? Y/N	CHILD	IS CHILD ALIVE? Y/N	CHILD'S OTHER PARENT <i>(IF KNOWN)</i>

SECTION D. ATTESTATION

Section D must be completed in front of a notary public

I swear under penalty of perjury that the foregoing is true, accurate, and complete to the best of my knowledge.

Signed this _____ day of _____, _____
(SIGNATURE OF WITNESS BEFORE NOTARY)

State of _____ County of _____.

Sworn to and subscribed to before me on _____
(DATE)

By _____
(PRINTED WITNESS NAME)

(NOTARY SIGNATURE)

(Notary Seal)

My commission expires: _____ day of _____