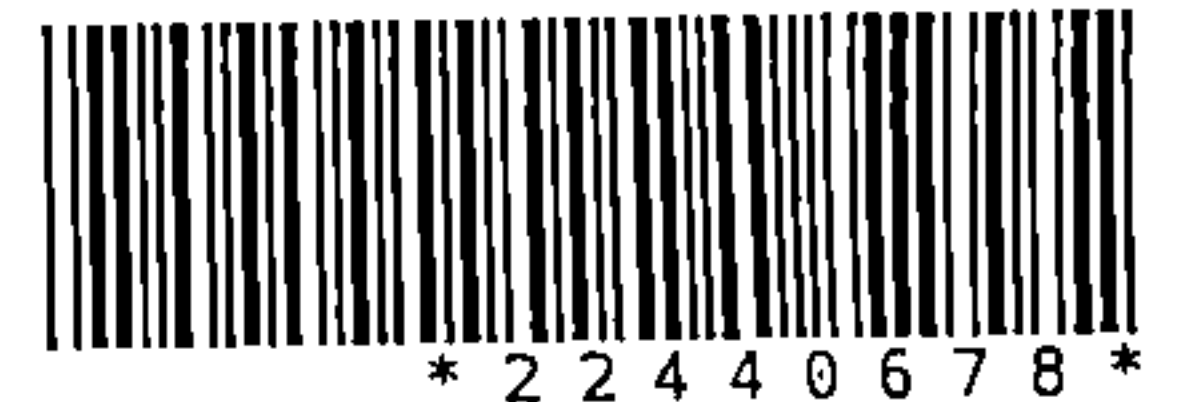


AFFIDAVIT OF HEIRSHIP

THIS AFFIDAVIT MUST BE FILED
IN THE COUNTY CLERK'S RECORD.



The claimant must file this completed affidavit in the County Clerk's record in the county of the decedent's residence.
The claimant must then upload a file stamped copy of the completed affidavit to ClaimItTexas.org.

Name of reported owner: EUGENE P DELK	Claim number: [REDACTED]
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Affidavit of facts concerning the identity of Heirs for the Estate of: EUGENE P DELK JR.
NAME OF DECEASED PERSON (DECEDENT)

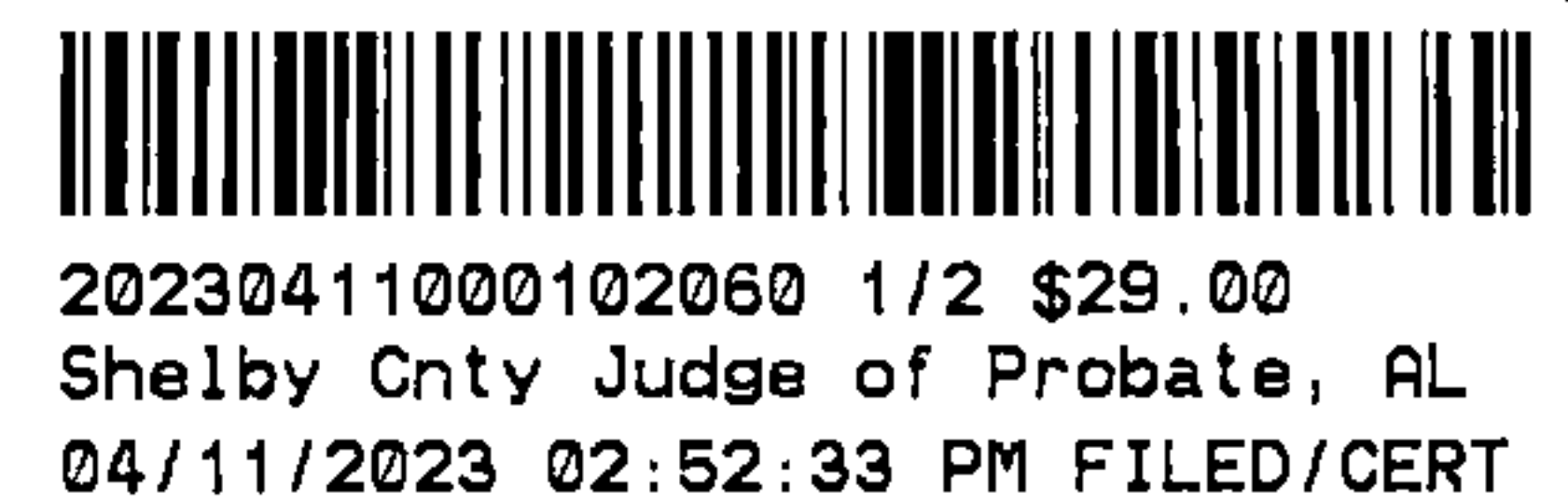
Before me, the undersigned authority, on this day personally appeared: NEIL P. DAMRON
PERSON COMPLETING THIS FORM (WITNESS)
who, being first duly sworn, upon his/her oath states:

SECTION A. WITNESS INFORMATION

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

1. My name is: NEIL P. DAMRON
My current address is: 1573 CANABA VALLEY RD PELHAM ALA 35124
I have personal knowledge of the family history and facts of heirship of: EUGENE P. DELK JR.
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 FRIEND. I knew the decedent for 25 years.
RELATIONSHIP



SECTION B. DECEDENT INFORMATION

2. Decedent died on AUGUST 11, 2015
DATE OF DEATH

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

Decedent left a will: ☒ Yes ☐ No If no, continue completing this form.

If yes, was will probated? ☐ Yes ☒ No If yes, this form is not required and the claimant should submit the probated will. If no, continue completing this form. The claimant must provide a complete copy of the will along with this form.

SECTION C. MARITAL AND FAMILY HISTORY

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
CAROLINE DELK	11/29/1948	N/A	AUGUST 28, 2012	DECEASED

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
MARK A. DELK	04/07/1950	CAROLINE DELK	100 DEER CREST CIR. PELHAM AL 35124
DAVID DELK	09/03/1950	CAROLINE DELK	2615 BATHGROUNDE MURFREESBORO TN 37134

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	SURVIVING SPOUSE NAME (IF APPLICABLE)	IS SPOUSE ALIVE? Y/N	CHILD'S NAME DOB AND CURRENT ADDRESS	IS CHILD ALIVE? Y/N	CHILD'S OTHER PARENT (IF KNOWN)
N/A						

Name of reported owner: EUGENE P DELK	Claim number: 22440678
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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

If yes to at least one of the above, proceed to Section D - Attestation



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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
EUGENE P. DELK SR.	YES	JULY 20, 1981	N/A
ELIZABETH A. DELK	YES	April 10, 1999	N/A

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 siblings? ☐ Yes ☒ No If yes, complete information below. If no, proceed to Section D - Attestation

List all siblings, including half or adopted. Do not include stepsiblings unless adopted.

NAME OF SIBLING AND CURRENT ADDRESS	DATE OF BIRTH	SIBLING MOTHER NAME	SIBLING FATHER NAME
N/A			

10. Are any of the siblings listed in #9 deceased? ☐ 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	SURVIVING SPOUSE NAME (IF APPLICABLE)	IS SPOUSE ALIVE? Y/N	CHILD'S NAME DOB AND CURRENT ADDRESS	IS CHILD ALIVE? Y/N	CHILD'S OTHER PARENT (IF KNOWN)
N/A						

Section D must be completed in front of a notary public

SECTION D. ATTESTATION

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

Signed this 29th day of March, 2023

SIGNATURE OF WITNESS BEFORE NOTARY

State of Alabama County of Shelby

Sworn to and subscribed to before me on March 29, 2023
(DATE)

by NEIL P. DAMRON
PRINTED WITNESS NAME

NOTARY SIGNATURE

(Notary Seal)

My commission expires: 27th day of November, 2025

The claimant must file this completed affidavit in the County Clerk's record in the county of the decedent's residence. The claimant must then upload a file stamped copy of the completed affidavit to ClaimItTexas.org.

DEBORAH BECKER
Notary Public, Alabama State At Large
My Commission Expires 10/27/2025