



Affidavit of Heirship Form Instructions

Important Note: This form should be completed by an uninterested third party.

Complete the form in full and attach a COPY (or copies) of the following documents:

1. If the Decedent left a will, attach a certified copy thereof.
2. If executor or administrator has been appointed for the estate of the Decedent, attach a copy of the certificate of appointment from the Court which made the appointment.
3. If administration on the Decedent's estate has been completed and final order or decree of distribution has been rendered, attach certified copy of such order or decree.
4. The completed, properly executed Affidavit should be recorded in the County where the property described on page 1 of the Affidavit is located.
5. If necessary, you may attach the land description on a separate page.
6. If an answer to a question is not known, please answer with "**N/A**" or "**Unknown**." Please select one box only.

Return the completed, recorded form and the requested information by Mail or Email to:

Mail: Valero Marketing and Supply Company
Attn: Division Order Department
P.O. Box 696000
San Antonio, TX 78269-6000

Email: MineralOwnership@Valero.com

If you have any questions, please call us at 1-800-475-4171, or you can email us at: MineralOwnership@Valero.com.

Best regards,
Mineral Ownership

AFFIDAVIT OF HEIRSHIP

Affidavit of facts concerning the identity of heirs for the estate of _____
NAME OF DECEASED (DECEDENT)

Before me, the undersigned authority, on this day personally appeared _____,
PERSON COMPLETING THIS FORM (AFFIANT)
being first duly sworn, upon his/her oath states:

SECTION A. AFFIANT INFORMATION

My name is _____.

My current address is _____.

The Decedent was my _____
RELATIONSHIP. I am not an heir and I will not benefit from the Decedent's estate.
I have personal knowledge of the marital and family history of the Decedent and the facts of heirship as stated in this affidavit.
I was well and truly acquainted with _____
NAME OF THE DECEDENT,
having known the Decedent for a period of _____ years.

SECTION B. DECEDENT INFORMATION

The Decedent died on _____,
DATE OF DEATH, a resident of _____, County,
State of _____.

1. Did the Decedent leave a will? YES NO (If so, attach a certified copy thereof)

2. If the Decedent left a will, has the will been probated or admitted to record? YES NO N/A

If Yes, give the name of the court, as well as the name of city, county and state in which the court is located.

3. If the Decedent left a will, has the will been probated or admitted to record in the state where the below described land is situated? YES NO N/A

If Yes, give the name of the court, as well as the name of city, county and state in which the court is located.

4. Is administration pending on the estate of the Decedent? YES NO N/A

If Yes, in what court, county and state? _____

5. What is the status of the administration? (Answer this question regardless of whether or not the Decedent left a will.)

6. Has an executor or administrator been appointed for the estate of the Decedent? YES NO

If Yes, give his/her name and address.

7. Has a Federal Estate Tax Return been made? YES NO

If Yes, attach a copy of the Estate Tax Closing Letter together with copies of canceled checks or receipts showing that all taxes listed thereon have been paid.

If No, what was the total value of the entire estate? \$ _____

8. Were you acquainted with the Decedent's business affairs? YES NO

9. Did the Decedent leave any debts or obligations unpaid? YES NO UNKNOWN

Have all such debts or obligations been paid? YES NO UNKNOWN

If not, how much remains unpaid? \$ _____

What is the reason these debts have not been paid?

SECTION C. MARITAL AND FAMILY HISTORY

1. Did the Decedent leave a surviving spouse? YES NO

If Yes, give name and address:

Give the date of such marriage. _____

Is the surviving spouse now deceased? YES NO

If Yes, give the date of death: _____

2. Was the Decedent previously married? YES NO

If Yes, fill out below. Mark N/A if not applicable.

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

3. Did the Decedent have any children (biological or adopted). YES NO
 If Yes, fill out below including any deceased children. Mark N/A if not applicable.

NAME	ADDRESS	NAME OF OTHER PARENT	DATE OF BIRTH	DATE OF DEATH

4. Are any of the children (biological or adopted) listed above deceased? YES NO
 If Yes, fill out below. Mark N/A if not applicable.

(Attach separate Affidavit of Heirship for each deceased child of the Decedent.)

NAME OF DECEASED CHILD	DATE OF DEATH	SURVIVING SPOUSE NAME	IS SURVIVING SPOUSE ALIVE (Y/N)	CHILDREN OF DECEASED CHILD	DOB

5. If the Decedent left no surviving spouse, children (biological or adopted), or descendants, give the following information:

FIRST: List parents (if surviving the Decedent) and brothers and sisters of the Decedent.

If any brother or sister died before the Decedent, also list his or her children. Mark **N/A** if not applicable.

NAME	ADDRESS	LIVING? (Y/N)	DATE OF DEATH	RELATION TO DECEDENT

SECOND: If no parent, brother or sister survived the Decedent, list following, if any surviving: grandparents, nephews and nieces, uncles and aunts, cousins. If none of the foregoing survived, list nearest of kin surviving:

NAME	AGE	ADDRESS	RELATION TO DECEDENT

SECTION D. PROPERTY INFORMATION

1. What is the legal description (if known) of the Decedent’s mineral interest in the land? (If more space needed, please attach exhibit.)

2. How did the Decedent acquire such interest? (By deed, devise, inheritance, or gift.)

3. Was said land occupied by the Decedent as a homestead at the time of his/her death? YES NO

If Yes, is the land still being occupied by the Decedent’s surviving spouse and/or children as a homestead? YES NO

4. Did the Decedent leave any minor children? YES NO

If Yes, are they living on the land? YES NO

****AFFIDAVIT BELOW MUST BE COMPLETED IN FRONT OF A NOTARY PUBLIC****

AFFIDAVIT

STATE OF _____)
COUNTY OF _____) ss.

AFFIANT ADDRESS

AFFIANT SIGNATURE

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____

Notary Public

My Commission Expires:

(Notary Seal)