Death and Heirship Affidavit

QLS Number: _____

COMMONWEALTH/STATE OF _____

COUNTY OF _____

I, _____, of _____ County, State of _____, am of lawful age, and being duly sworn, according to law, do depose and say that the statements hereinafter set forth, including answers to questions, constitute a true, correct, and complete statement of the family history of _____, hereinafter named as the "decedent," and of the decedent's estate.

I further state that I was well and personally acquainted with the decedent; that the said decedent departed this life on _____, in _____ County, State of _____.

Attach additional pages if additional space is required for any of the following Items.

A.) Please provide the following information regarding the decedent's estate:

Was the decedent married, single, or a widow/widower at the time of death? _____

Did the decedent leave a Will? _____

Have any probate proceedings been held on the Estate of decedent or are any planned? _____

If so, where? _____

What is the Estate probate case number? _____

B.) If the decedent was married one or more times, please provide the following information (list names in order of marriage):

Marriage Order	Name of Spouse	Living or Date of Death	Date/Place of Divorce (if applicable)	Place of Death (if applicable)

C.) If decedent had any children by any spouse listed above, please provide the following information:

Spouse (1, 2, etc.)	Name of Child	Son or Daughter	Living or Date of Death	Address (if living) or Place of Death (if deceased)	Testate or Intestate (if deceased)

D.) If decedent had any children by adoption, please provide the following information:

Spouse with whom adopted (if applicable) (1, 2, etc.)	Name of Child	Son or Daughter	Living or Date of Death	Address (if living) or Place of Death (if deceased)	Testate or Intestate (if deceased)	Place of Adoption

E.) The above-named children who have died (See C. & D.) had only the following spouse, children (natural or adopted), and other heirs:

Name of Deceased Child (from C. & D.)	Names of Spouse and/or Children	Relationship to Decedent	Living or Date of Death	Address (if living) or Place of Death (if deceased)	Testate or Intestate (if deceased)

F.) If decedent left no surviving spouse and no children of deceased children, please provide the following information:

Father & Mother of Decedent:

Name	Living or Date of Death	Address (if living) or Place of Death (if deceased)	Testate or Intestate (if deceased and parent survived decedent)
Father:			
Mother:			

Brothers & Sisters of Decedent:

Name	Living or Date of Death	Address (if living) or Place of Death (if deceased)	Testate or Intestate (if deceased and sibling survived decedent)

Descendants of Deceased Brothers & Sisters of Decedent:

Name of Descendant of Brothers & Sisters	**Name of Deceased Brother or Sister**	**Living or Date of Death**	**Address (if living) or Place of Death (if deceased)**	**Testate or Intestate (if deceased and descendant survived decedent)**

G.) If the surviving spouse of the decedent had any children who were not the natural or adopted children of the decedent, please provide the following information:

Name	**Living or Date of Death**	**Address (if living) or Place of Death (if deceased)**	**Testate or Intestate (if deceased)**

H.) Please state the nature of your relationship to or acquaintance with the decedent and/or decedent's family and the length of time of such relationship or acquaintance:

I.) Please state any additional comments you may have regarding the family history of the decedent:

Signed: _____

Print: _____

ACKNOWLEDGEMENT:

COMMONWEALTH/STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged, signed, and sworn to (or affirmed) before me on the _____ day of _____, 20___ by _____

_____
Notary Public

My commission expires: _____

[NOTARIAL STAMP]

Prepared by/return to:
CNX Gas Company LLC
1000 Horizon Vue Drive
Canonsburg, PA 15317

7711809.1