

-ABOVE THIS LINE FOR OFFICIAL USE ONLY

AFFIDAVIT OF HEIRSHIP

XTO ENERGY INC

For: _____

Legal Description:

County, State:

_____, residing at _____
(Name of Affiant) (Address)

(City) (State) being first duly sworn, on oath deposes and says that I have personal knowledge of the facts stated in the affidavit and that the answers and other statements hereinafter set out are true and correct.

1. How long and how well were you acquainted with the decedent? _____
2. If related to decedent, state in what way. _____
3. When and where did decedent die? _____
4. Where was decedent's permanent residence at the time of his/her death? _____

5. How many times was decedent married? _____

6. Name and address of surviving spouse (if any). _____

residing at _____

7. If decedent was ever married, list in the following table each such marriage, indicating in each instance the date of marriage, the name of spouse, whether such marriage was terminated by death or divorce, the date of termination of the marriage, the address of each spouse now living, and (if dead) whether or not such spouse left a will:

| Date of Marriage | Name of Spouse | Marriage Terminated by Death or Divorce | Date of Termination | Address if Living | If dead, did such spouse leave a Will |
|------------------|----------------|---|---------------------|-------------------|---------------------------------------|
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8. (a) To the best of my knowledge, decedent owned an interest in the real property described above. _____

(b) When was the property described at the beginning of the affidavit acquired by decedent? _____

(c) Was it acquired by gift, devise, inheritance or purchase? (State which) _____

(d) If by purchase give the following information:

1. Which state did decedent reside when property was acquired? _____

2. Was the decedent married when such property was acquired? _____

If so, give the name of decedent's husband or wife. _____

If such husband or wife is now deceased, did such party leave a Will? _____

9. Did Decedent leave a Will? _____ (a) If yes, was the Will probated? _____ ***If the will was admitted to probate, please provide copies of all probate documents.**

(b) If the will has not been probated, does the executor or administrator intend to probate the Will? _____

10. If decedent did not leave a Will, was any administration had on decedent's estate? _____

If so, name the counties and states in which administration was had and give the name and address of the administrator.

11. To your knowledge are there any debts or Federal estate or state inheritance taxes still owing by decedent's estate? _____
 If so, will decedent's personal estate be sufficient, in your opinion, to pay such debts and taxes? _____
 What is the estimated net value of the entire estate? _____

12. List in the following table the name of all children born to or adopted by decedent, whether living or dead, giving all other information called for in the table below. Any adopted children should be designated as such if decedent had no children, so state.

| Name of Child | Name of Child's Other Parent | Birthdate | Address | Living or Dead | If Dead, Give Date of Death |
|---------------|------------------------------|-----------|---------|----------------|-----------------------------|
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13. Give information called for in the following table concerning descendants of any deceased child of decedent (whether natural or adopted). If no descendants, so state.

| Name of Deceased Child | Descendants | Birthdate | Address | Living or Dead | If Dead, Give Date of Death |
|------------------------|-------------|-----------|---------|----------------|-----------------------------|
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Descendants of deceased child of decedent. If none, so state.

| Name of Deceased Brother or Sister | Descendants | Birthdate | Address | Living or Dead | If Dead, Give Date of Death |
|------------------------------------|-------------|-----------|---------|----------------|-----------------------------|
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14. If decedent left no surviving child or descendant of a child, then list names of decedent's parents and brothers and sisters and give information called for in the following tables. If half brother or sisters, state whether maternal or paternal.

| | Name | Birthdate | Address | Living or Dead | If Dead, Give Date of Death |
|---------|------|-----------|---------|----------------|-----------------------------|
| Father | | | | | |
| Mother | | | | | |
| Brother | | | | | |
| Brother | | | | | |
| Sister | | | | | |
| Sister | | | | | |

Descendants of deceased brothers and sister. If none, so state.

| Name of Deceased Brother or Sister | Descendants | Birthdate | Address | Living or Dead | If Dead, Give Date of Death |
|------------------------------------|-------------|-----------|---------|----------------|-----------------------------|
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15. If decedent left no children or their descendants, or father or mother, or brothers or sisters or their descendants, then give the information called for in the following tables:

| | Name | Birthdate | Address | Living or Dead | If Dead, Give Date of Death |
|----------------------|------|-----------|---------|----------------|-----------------------------|
| Paternal Grandfather | | | | | |
| Paternal Grandmother | | | | | |
| Maternal Grandfather | | | | | |
| Maternal Grandmother | | | | | |

| Name | Uncle or Aunt | Birthdate | Paternal or Maternal | Address | Living or Dead | If Dead Give Date of Death |
|------|---------------|-----------|----------------------|---------|----------------|----------------------------|
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| Name of Deceased Uncle or Aunt | Descendants | Age | Address | Living or Dead | If Dead Give Date of Death |
|--------------------------------|-------------|-----|---------|----------------|----------------------------|
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Signature of Affiant

THE STATE OF _____ §
COUNTY OF _____ §

The foregoing instrument was subscribed and sworn before me on this the _____ day of _____, 20____,
by _____.

Notary Public, State of _____

My Commission Expires:
Printed Name of Notary:

AFFIDAVIT CORROBORATING AFFIDAVIT OF HEIRSHIP

THE STATE OF _____ §
 §
COUNTY OF _____ §

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

Signature of Corroborating Affiant

The foregoing instrument was subscribed and sworn before me on this the _____ day of _____, 20____,
by _____.

Notary Public, State of _____

My Commission Expires:
Printed Name of Notary: