



# Paso Fino Horse Association, Incorporated

4067 Iron Works Parkway, Lexington, KY 40511 (859) 689-3700 FAX (859) 689-3702 www.pfha.org

## AFFIDAVIT OF HEIRSHIP

**RECORDED OWNER WHO HAS DIED:** PFHA Membership Number: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

The State of \_\_\_\_\_ County of \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared all the undersigned affiants, who, after having been by me duly sworn, on oath, each for himself and herself, deposes and says that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, in the county of \_\_\_\_\_, state of \_\_\_\_\_ (Recorded Owner) \_\_\_\_\_ died, that the deceased left no will; that no application for administration has been filed; that there is no necessity for an administration upon the estate; that affiants herein are the sole and only heirs at law of the deceased; and that it is the desire of affiants that all matters recognize the signature of \_\_\_\_\_ as the authorized agent and as attorney-in-fact to execute any and all items required by the Paso Fino Horse Association in connection with the registered horses owned by the decedent and/or documents necessary for registration of horses.

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_/

Notary Public in and for \_\_\_\_\_

County of \_\_\_\_\_

Signature of Notary \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**AFFIANT:** PFHA Membership Number : \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**AFFIANT:** PFHA Membership Number : \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

### INSTRUCTIONS:

1. This affidavit is used to notify the Association of the death of a member and the rights of heir ship in connection with the registered horses owned by the decedent.
2. Mail the ORIGINAL of this form to:  
Paso Fino Horse Association; 4067 Iron Works Parkway, Lexington, KY 40511