

Paso Fino Horse Association, Incorporated

1003 Twilight Trail Suite 2, Frankfort, KY 40601 (859) 689-3700 FAX (859) 689-3702 www.pfha.org

AFFIDAVIT OF HEIRSHIP

RECORDED OWNER WHO H Last Name:	AS DIED: PFHA Membership Num First Name	nber: :	Middle Initial
The State of	County of		
by me duly sworn, on oath, e	authority, on this day personally appe ach for himself and herself, deposes a e county of, state o died, that the decease	and says that on the day	of, 20, at
been filed; that there is no ne law of the deceased; and that as the authorized agent and	cessity for an administration upon the at it is the desire of affiants that all mat as attorney-in-fact to execute any and horses owned by the decedent and	estate; that affiants herein are to ters recognize the signature of _ and all items required by the Paso	the sole and only heirs at Fino Horse Association in
SUBSCRIBED AND SWORN TO	BEFORE ME THISDAY OF	, 20/	
	1	Notary Public in and for	
		County of	
	:	Signature of Notary	
	1	My Commission Expires:	
AEELANT: DELIA Momborsh	sin Number :		
Last Name:	Membership Number : First Name:		Middle Initial
Address:	State:	Country	7in:
	state Cell Phone:		
	E-Mail Address:		
Signature:			
AFFIANT: PFHA Membersh	nip Number :		
	First Name		Middle Initial
Address:	State:		7in·
-	State:		ειρ.
Fax:			
Signature:			
INSTRUCTIONS: 1. This affidavit is used to notify th owned by the decedent.	e Association of the death of a member ar	nd the rights of heir ship in connection	on with the registered horses