

SURVIVING SPOUSE, CHILDREN, HEIRS AT LAW G. L. c. 190B, § 3-301 <input type="checkbox"/> Original Form <input type="checkbox"/> Amended Form	Docket No.	Commonwealth of Massachusetts The Trial Court Probate and Family Court
Estate of: _____ First Name Middle Name Last Name		_____ Division
Date of Death: _____		

FORM USE: This form must be used to identify a Decedent's surviving spouse, children and heirs at law. Heirs at law are persons entitled to receive the Decedent's property under the intestacy succession laws if there is no will. For dates of death on or after March 31, 2012, the Massachusetts Uniform Probate Code, G. L. c. 190B, § 2-101, et seq., should be consulted. For deaths prior to that date, see applicable law.

Instructions: Complete ALL applicable sections of this form. For step by step instructions on how to complete this form, click on the instructions link above or see Instructions MPC 958.

ALL PETITIONERS MUST COMPLETE LINE 1 AND LINE 2.

1. The Decedent did not leave a surviving spouse. left a **surviving** spouse:

NAME OF SURVIVING SPOUSE	ADDRESS <i>(omit if since deceased)</i>

2. a. The Decedent did not have children (*biological or adopted*). had the following children (*biological or adopted*):

NAME OF DECEDENT'S CHILD	ADDRESS <i>(omit if deceased)</i>	CHILD OF SURVIVING SPOUSE	A MINOR
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes

b. The surviving spouse has children who are **not** children of the marriage to the Decedent.

Complete line 3 ONLY if the Decedent left children in line 2a.

3. a. All of the children listed in 2a **survived** the Decedent.
 b. The following children listed in 2a died **before** the Decedent:

NAME OF PREDECEASED CHILD	DATE OF DEATH

c. The predeceased child(ren) listed in 3b:
 did not leave surviving descendants (children, grandchildren, etc.) (*biological or adopted*).
 left the following surviving descendants (children, grandchildren, etc.) (*biological or adopted*):

NAME OF SURVIVING DESCENDANT OF PREDECEASED CHILD	ADDRESS <i>(omit if since deceased)</i>	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

Complete line 4 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.). Otherwise STOP and go to line 7 and line 8.

4. The Decedent did not leave a surviving parent. left a surviving parent or parents:

NAME OF SURVIVING PARENT(S)	ADDRESS <i>(omit if since deceased)</i>

For deaths on or after March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 5 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.) or parents. Otherwise STOP and go to line 7 and line 8.

5. a. The Decedent did not leave a surviving sibling. left the following surviving sibling(s) (*biological or adopted, whole or half-blood*):

NAME OF SURVIVING SIBLING	ADDRESS <i>(omit if since deceased)</i>	A MINOR
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

b. One or more of the Decedent's siblings died **before** the Decedent and left surviving descendants (*biological or adopted*):

NAME OF SURVIVING DESCENDANT OF PREDECEASED SIBLING	ADDRESS <i>(omit if since deceased)</i>	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes

For deaths on or after March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving spouse, descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

For deaths prior to March 31, 2012:

Complete line 6 ONLY if the Decedent left NO surviving descendants (children, grandchildren, etc.), parents, siblings or descendants of any predeceased sibling. Otherwise STOP and go to line 7 and line 8.

6. List the heirs as defined by the law in effect on the Decedent's date of death. (*Select one*):

The heirs at law are as follows:

For assistance, see the Instructions and the [Massachusetts Degree of Kinship Chart \(MPC 960\)](#). See also line 7 and line 8.

NAME OF HEIR	ADDRESS (Omit if since deceased)	RELATIONSHIP TO DECEDENT	A MINOR
			<input type="checkbox"/> Yes
			<input type="checkbox"/> Yes

After a reasonable diligent search, the heirs at law are unknown or unascertainable. (Requires a **formal** proceeding.)

ALL PETITIONERS MUST COMPLETE LINE 7 AND LINE 8, if applicable.

7. **NONE** of the Decedent's heirs at law (surviving spouse, children, etc.) are under a legal disability except for:

NAME OF HEIR AND RELATIONSHIP TO DECEDENT	LEGAL DISABILITY	REPRESENTED BY <i>* (Guardian ad litem required unless waived. See Instructions)</i>	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	
	<input type="checkbox"/> Minor List age: _____ <input type="checkbox"/> Incapacitated or protected person <i>(adjudicated or alleged)</i>	<input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Unrepresented*	

8. **NONE** of the heirs at law (surviving spouse, children, etc.) who survived the Decedent are deceased **at the time of this filing** except for:

NAME OF SINCE DECEASED HEIR AND RELATIONSHIP TO DECEDENT	DATE OF DEATH	REPRESENTED BY	NAME/ADDRESS OF REPRESENTATIVE <i>(Provide docket number or proof of appointment for any court appointed fiduciary.)</i>
		<input type="checkbox"/> Personal Representative <i>(Required for an informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	
		<input type="checkbox"/> Personal Representative <i>(Required for an informal proceeding)</i> <input type="checkbox"/> Unrepresented <i>(Formal proceeding required)</i>	

SIGNED UNDER THE PENALTIES OF PERJURY

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date: _____

Signature of Petitioner

(Print name)