

AFFIDAVIT OF HEIRSHIP

Title No:
Date:

STATE OF _____)
COUNTY OF _____)SS.:

, being duly sworn, depose(s) and say(s):

That he is the _____ of deceased, who acquired title to premises in follows:
described as _____ (the "Premises").

That said _____ died a resident of the County of _____ State of New York, on the _____ day of _____, 20____, seized of said premises, (testate) (intestate, and no proceedings were had in the estate) leaving him/her surviving as his/her only lawful distributees, the following named persons:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
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That said decedent left him/her surviving no husband or wife, no child or children, (legitimate or illegitimate), no adopted child or children, no descendants of any deceased child or children, no descendants of any deceased adopted child or children, no father or mother, no brothers or sisters, no issue of any deceased brothers or sisters, no grandparents, no uncle, no aunt, and no issue of a deceased uncle or aunt other than those above named.

That all of the persons above named are of full age, except:

That all of the persons above named are of sound mind, except:

That said deceased in his/her lifetime was a citizen of the United States or a subject of

This affidavit is made to induce _____ to issue its policy of title insurance covering the above premises knowing that it relies upon the truth hereof.

Sworn to before me on this _____ day
of _____, 20____.

Notary Public State of New York



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