

AFFIDAVIT OF HEIRSHIP

Title No. \_\_\_\_\_

State of New York )  
County of \_\_\_\_\_ ) SS:

\_\_\_\_\_, being duly sworn, deposes and says:

That \_\_\_\_\_ is the \_\_\_\_\_ of \_\_\_\_\_  
deceased, who acquired title to premises in \_\_\_\_\_  
County, New York, described as follows: \_\_\_\_\_

That said \_\_\_\_\_ died a resident of the  
County of \_\_\_\_\_, State of New York, on the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_. Seized of said premises, \_\_\_\_\_,  
leaving \_\_\_\_\_ surviving as \_\_\_\_\_ only lawful distributives, the following named persons:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
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That said decedent left \_\_\_\_\_ surviving no husband or wife, no child or children (legitimate of 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 named above.

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 \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.