

AFFIDAVIT OF HEIRSHIP

TITLE CO.:
TITLE NO.:
DATE:

STATE OF)SS.:
COUNTY OF)

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

That (s)he is the of deceased, who acquired title to premises by deed
dated recorded on in , 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, leaving him/her
surviving as his/her only lawful distributees, the following named persons:

NAME **ADDRESS** **RELATIONSHIP**

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 acting through
to issue its policy of title insurance covering the
above premises knowing that it relies upon the truth hereof.

Sworn to before me on , . _____

Notary Public