

**AFFIDAVIT OF HEIRSHIP**

TITLE CO: \_\_\_\_\_  
TITLE NO: \_\_\_\_\_  
DATE: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, depose(s) and states as follows

I reside at \_\_\_\_\_  
\_\_\_\_\_.

I am over eighteen years of age. \_\_\_\_\_

I am the \_\_\_\_\_ of deceased, who held title to Premises described as follows:

\_\_\_\_\_  
\_\_\_\_\_;

The said \_\_\_\_\_ (hereinafter, "Decedent" ) died a resident of the County of \_\_\_\_\_, State of New York, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, seized of said Premises.

The Decedent during his/her lifetime did not indicate to me that he/she had prepared any Law Will and I have no independent reason to believe that the Decedent left a Last Will. I have no knowledge that any estate proceedings were had to appoint an administrator of decedent's estate.

That at the time of his/her death, Decedent left him/her surviving as his/her only lawful heirs, the following named persons:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

That, other than those above named, said decedent left him/her surviving no spouse, 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.

That all of the persons above named are of full age. \_\_\_\_\_

That all of the persons above named are of sound mind. \_\_\_\_\_

That said Decedent was, in their lifetime, a citizen of the United States. \_\_\_\_\_

I know the statements herein to be true of my own personal knowledge and I make this affidavit knowing that \_\_\_\_\_ Title Insurance Company will rely upon the truth of these statement to issue its policy of title insurance covering the above Premises without exception for interests of persons other than the heirs above named who may make claims to the Premises under the estate of the above-named decedent.

\_\_\_\_\_

Sworn to before me on \_\_\_\_\_,

\_\_\_\_\_  
Notary Public State of New York