**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  as | recorded on | In, described (the "Premises"). |

|  |  |  |
| --- | --- | --- |
| That said |  | died a resident of the County of |
| State of New York, on the  premises, | day of | , 20 , seized of said  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