AFFIDAVIT OF HEIRSHIP

TITLE CO.:
TITLE NO.:
DATE:

STATE OF)SS.:
COUNTY OF)

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

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, (testate)(intestate, and no proceedings were had in the estate) 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