

**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  
in follows: 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 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 State of New York