

**AFFIDAVIT OF HEIRSHIP**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.:  
\_\_\_\_\_, being duly sworn deposes and says:

1. That I am the \_\_\_\_\_ (blood relationship to deceased) of \_\_\_\_\_, the deceased, who acquired title to premises having an address of \_\_\_\_\_, by virtue of a deed recorded at \_\_\_\_\_ in the land records of the \_\_\_\_\_ County Clerk's/Register's Office.
2. That said deceased died a resident of the County of \_\_\_\_\_, State of New York, on the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, seized of said premises, (check one) testate \_\_\_\_\_ intestate, and no proceedings were had in the estate, leaving him/her surviving as his/her only lawful distributives, the following named persons:  
NAME, ADDRESS & RELATIONSHIP
3. 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 uncles or aunts, and no issue of a deceased uncle or aunt other than those named above.
4. That all the persons names above are of full age, except:
5. That all the persons names above are of sound mind, except:
6. That said deceased in his/her lifetime was a citizen of the United States or a subject of \_\_\_\_\_
7. This affidavit is made to induce \_\_\_\_\_ to issue its policy of title insurance covering the above described Premises and that it relies upon the truth hereof.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

(Notary Stamp/Seal)

**DISTRIBUTED BY**



**RECORD AND RETURN**

*Title Agency, Inc.*

(914) 395-2285 Fax (914) 395-1028