**AFFIDAVIT OF HEIRSHIP**

|  |  |
| --- | --- |
| STATE OF NEW YORK } }ss:COUNTY OF       } | Title No.: BTA       |

     , being duly sworn, deposes and says:

1. I am       of      , who acquired title to premises in       County, New York, described as follows:

See Schedule “A” attached.

1. That said       dies a resident of the County of      , State of New York, on the       day of      ,       [having executed a Last Will and Testament] [dying without a Last Will and Testament], and no proceedings have been commenced as to his/her Estate. He/she has only the following surviving relatives:

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Relationship** |
|       |       |       |

1. That said descendent 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.
2. That all of the persons above named are of full age, except:
3. That all of the persons above named are of sound mind, except:
4. That said decedent in his/ her lifetime was a citizen of the United States or was a subject of:

This affidavit is made to induce the title company to issue its policy of title insurance numbered above covering premises knowing that they will rely on the truth of the statements herein made.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to before me

this       day of      ,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public