

AFFIDAVIT OF HEIRSHIP

STATE OF NEW YORK

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}ss:

Title No.:

COUNTY OF

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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.

2. That said _____ dies a resident of the County of _____, State of New York, on the _____ day of _____,

_____ , and no proceedings have been commenced as to his/her Estate. He/she has only the following surviving relatives:

Name	Address	Relationship
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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 uncle, no aunt and no issue of a deceased uncle or aunt other than those above named.
4. That all of the persons above named are of full age, except:
5. That all of the persons above named are of sound mind, except:
6. 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