AFFIDAVIT OF HEIRSHIP

	Title No		
State of New York)		, being duly sworn,
County of) SS.:		, being duly sworn,
deposes and says: That (he			
		juired title to j	premises in
County, New York, descri	ibed as follows:		
That said			died a resident of the day of, 20,
County of	_ State of New Yo	rk, on the	day of, 20,
-	, ,	-	lings were had in the estate),
leaving (his/her) surviving a persons:	as (his/her) only law	ful distributes,	the following named
NAME	ADDRES	<u>SS</u>	RELATIONSHIP
child or children, no desce mother, no brothers or sist	no adopted child or endants of any decea ters, no issue of any	children, no cased adopted cased bro	descendants of any deceased child or children, no father or
That all of the persons abo	ve named are of ful	l age, except:	
That all of the persons abo	ove named are of sou	and mind, exc	eept:
That said deceased in (his/	her) lifetime was a c	citizen of the U	United States or a subject of
This affidavit is made to incorpolicy of title insurance conhereof.			Agency LLC to issue its g that it relies upon the truth
			Signature
Sworn to before me this _	day of	20	~igimui0