AFFIDAVIT OF HEIRSHIP

	TITLE CO.: TITLE NO.:				
	DATE:				
	STATE OF NEW YORK)		
	COUNTY OF))SS.:		
		being	duly sworn, depose(s) and say(s):		
	follows:	described as [Unit/Apt.] [Street Address], [Borough], [City], [State] [Zip] ([Section] [Block]			
	That said died a resident of the County of State of New York, on the day of, , 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 Title Insurance Company of New York to issue its policy of title insurance covering the above premises knowing that it relies upon the truth hereof.				
	Sworn to before me This day of				

Notary Public