**AFFIDAVIT OF HEIRSHIP**

Title No. \_\_\_\_\_\_\_\_\_\_

STATE OF NEW YORK :

: ss:

COUNTY OF \_\_\_\_\_\_\_\_\_\_ :

\_\_\_\_\_\_\_\_\_\_, being duly sworn, deposes and says:

1. That (s)he is the \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_ the deceased, who acquired title to premises in \_\_\_\_\_\_\_\_\_\_ County, New York, and described as follows:

2. That said \_\_\_\_\_\_\_\_\_\_ died a resident of the County of \_\_\_\_\_\_\_\_\_\_, State of New York, on the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_, seized of said premises, (testate)-(intestate and no proceedings were had in the estate), leaving his/her surviving as his/her only lawful distributes, the following named persons:

­NAME ADDRESS RELATIONSHIP

3. That said decedent left his/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 deceased in his/herlifetime was a citizen of the United States or a subject of \_\_\_\_\_\_\_\_\_\_.

7. That I have no interest in the estate of the deceased.

8. This affidavit is made to induce Ridge Abstract Corp. to issue its policy of title insurance covering the above premises knowing that it relies upon the truth hereof.

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

STATE OF NEW YORK :

: ss.:

COUNTY OF \_\_\_\_\_\_\_\_\_\_ :

On the \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_\_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is(are) subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted executed the instrument.

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

Notary Public