

Affidavit of Inheritance

Idaho Transportation Department



| | | | |
|-------------------------------|------|---------------|--|
| Vehicle Identification Number | | Title Number | |
| Year | Make | Model | |
| Name of Deceased | | Date of Death | |

Name and Address of Other Heirs:

| Name of Other Heirs | Address |
|---------------------|---------|
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The undersigned claimant hereby deposes and says that:

- The claimant is a survivor or heir of the decedent.
- The decedent died intestate.
- The decedent has no remaining creditors.
- The decedent did not leave other property necessitating probate.
- No other heirs have prior right to the named vehicle.
- The decedent was the titled owner of the above described vehicle, and the claimant has a right to succeed to said motor vehicle.

Note: If the vehicle described above has been titled, but no title is being submitted, the claimant certifies that the title has been lost.

This affidavit is attached to and made part of the application for Idaho Certificate of Title to the above described vehicle. The claimant hereby agrees to warrant and defend said Title and to save harmless and defend regardless of outcome the Transportation Department of the State of Idaho from the expenses of and against all suits, actions, claims, losses, or assertion of claims including costs, expenses, and attorney fees to which the department may be subjected on account of any defect in the Title to the vehicle in question.

The undersigned claimant further certifies that all information contained in this affidavit is true and correct, and the signature below is his/her true and legal signature.

| | |
|--------------------------------|--------------------------------|
| Signature X | Daytime Phone Number () |
| Printed Name of Claimant | Relationship to Deceased |
| Address, City, State, Zip Code | |

Subscribed and sworn before me this
 ____ day of _____, year ____
 County of _____, State of _____

SEAL

My Commission Expires _____
 Notary Public's or ITD
 Agent's Signature _____