## AFFIDAVIT OF HEIRSHIP

Title No.

State of Ne	w York	)		
County of _		) SS:		
			, being du	aly sworn, deposes and says:
That	is the		of	
deceased, v	who acquired title to p	oremises in		
County, Ne	ew York, described as	s follows:		
That said				died a resident of the
County of _		State of Ne	ew York, on the	died a resident of the day of
. Se	eized of said premise	S,	0.1.1:	<u> </u>
leaving	surviving as	only law	ful distributes, the	following named persons:
<u>NAME</u>		<u>ADDRESS</u>		<u>RELATIONSHIP</u>
illegitimate descendant sisters, no i	e), no adopted child o s of any deceased ado	r children, no des opted child or chi brothers or sister	scendants of any de ldren, no father or r rs, no grandparents	ld or children (legitimate of ceased child or children, no mother, no brothers or , no uncle, no aunt, and no
That all of	the persons above na	med are of full ag	ge, except:	
That all of	the persons above na	med are of sound	mind, except:	
	1		, 1	
That said d	eceased in lif	fetime was a citiz	en of the United St	ates or a subject of
This affidationsurance c	vit is made to induce overing the above pr	emises knowing	that it relies upon th	_ to issue its policy of title ne truth hereof.
			Signatur	re
g . 1	C 41:	1 6	_	
Sworn to be	efore me this	1av ot	20	