

AFFIDAVIT OF ESTATE DISTRIBUTION

TITLE CO.: _____

TITLE NO.: _____

DATE: _____

STATE OF _____

COUNTY OF _____))SS.:

_____, being duly sworn, depose(s) and say(s):

That (s)he is the _____ of _____ deceased, who acquired title to premises described as _____ (the "Premises").

That said _____ died a resident of the County of _____ State of New York, on the _____, seized of said premises, intestate/testate leaving him/her surviving as his/her only lawful distributees, the following named persons:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

That all of the persons above named are of sound mind.

That said deceased in his/her lifetime was a citizen of the United States or a subject of

That the proceeds of the sale of _____ will be distributed according to the directive of the attached Will.

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

Sworn to before me on this ____ day of _____

Notary Public State of New York