



AFFIDAVIT OF HEIRSHIP

DATE: _____

STATE OF; _____

COUNTY OF; _____

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

That (s) he is the _____ of the deceased, who acquired title to the premises legally described as:

Permanent Index Number: _____

Commonly Known as: _____

That said _____ died a resident of the county of _____ State of _____, on the _____ day of _____ 20 _____.

That the value of the decedent's estate is: \$ _____

That (s) he died intestate, and no proceeding were had in the estate.

That (s) he leaves the following named persons as his/her only lawful heir at law;

NAME	RELATIONSHIP	ADDRESS
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That said decedent has no other heirs, no other children (legitimate or illegitimate), and no adopted children.

That all of the persons above named are 18 years old or older.

That all of the persons above are of sound mind.

That all estate taxes are paid.

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

This affidavit is made to induce Freedom Title to issue its title insurance policy covering the premises knowing that it relies upon the truth hereof.

Signed

Sworn to before me on this _____ day of _____ 20 _____.

Notary Public