**AFFIDAVIT OF HEIRSHIP**

STATE OF Click here to enter text.

SS.:

COUNTY OF Click here to enter text.

Click here to enter text., being duly sworn, depose(s) and say(s):

That (s)he is the Click here to enter text. of deceased, who acquired title to premises in Click here to enter text.follows:

See Schedule "A"

That said Click here to enter text. died a resident of the County of Click here to enter text. State of Click here to enter text. on the Click here to enter text. day of Click here to enter text. ,Click here to enter text. seized of said premises, (testate) (intestate, and no proceedings were had in the estate) leaving him/her surviving as his/her only lawful distributee, the following named persons:

|  |  |  |
| --- | --- | --- |
| **NAME** | **ADDRESS** | **RELATIONSHIP** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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, except: Click here to enter text.

That all of the persons above named are of sound mind, except: Click here to enter text.

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

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

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

Sworn to before me this