|  |  |
| --- | --- |
|  | ***AFFIDAVIT OF HEIRSHIP*** |

|  |  |  |
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| STATE OF ILLINOISCOUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_ | ))) | SS. |

The undersigned, being duly sworn upon oath, deposes and states as follows:

1. That she/he is the surviving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of the decedent.

2. The she/he resides at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

3. That attached hereto is a certified copy of the medical certificate of death of the decedent.

4. That the decedent was an owner of the premises described in Allied Capital Title Commitment

 for Title Insurance, .

5. That the value of the decedent’s estate at the date of her/his death was less than

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6. That the decedent died testate/intestate.

7. That the decedent was/was not married \_\_\_\_\_\_\_\_\_\_ time(s) at the time of her/his death.

8. That only \_\_\_\_\_\_\_\_ child/children was/were born to or adopted by decedent as a result of

 her/his marriage; namely, the undersigned and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

9. That the undersigned is \_\_\_\_\_\_ years of age and is married to

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

10. That no children other than those enumerate in Paragraph Eight hereof were born to or adopted

 by the decedent.

11. The decedent died on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date), and was, at the time of her/his

 death, \_\_\_\_\_ years of age and married to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This affidavit is made for the purpose of inducing Allied Capital Title to show title in the aforesaid real estate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, all of whom are competent adults.

Further Affiant sayeth not.

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

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NOTARY PUBLIC

# My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_