

**CHICAGO TITLE INSURANCE COMPANY**  
**INTESTATE HEIRS AFFIDAVIT**

NOTE: THIS FORM IS TO BE USED ONLY IN SITUATIONS WHICH HAVE BEEN SPECIFICALLY  
APPROVED BY AN UNDERWRITER FOR CHICAGO TITLE INSURANCE COMPANY PRIOR TO CLOSING  
AND IN WHICH THE AFFIANT IS NOT A PARTY TO AND DOES NOT BENEFIT FROM THE TRANSACTION TO BE INSURED

\_\_\_\_\_ (hereinafter "Affiant") first being duly sworn, deposes and says:

1. Affiant currently resides at \_\_\_\_\_  
\_\_\_\_\_.
2. Affiant is familiar with the family and relatives of \_\_\_\_\_  
(hereinafter "Decedent") and has been so for \_\_\_\_\_ years. Affiant is familiar with Decedent as follows: \_\_\_\_\_ (i.e., neighbor, friend).
3. To the best of Affiant's knowledge, Decedent died without an existing Last Will and Testament.
4. To the best of Affiant's knowledge, Decedent was survived at the time of his/her death by the following family/relatives which person(s) are the closest relatives/next of kin of Decedent at the time of his/her death:

Spouse (indicate current marital status of surviving spouse): \_\_\_\_\_

Children (indicate marital status): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Children of predeceased children (indicate marital status): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IF THE DECEDENT WAS NOT SURVIVED BY A SPOUSE OR ANY CHILDREN OR CHILDREN OF PREDECEASED CHILDREN, please list other surviving relatives (parents, siblings, aunts/uncles, cousins, etc.).

Name	Relation to Decedent/Marital Status
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Affiant has been advised that Chicago Title Insurance Company has been asked to issue its title insurance commitment(s) and/or policy or policies insuring against loss or damage by reason of an interest in real property owned by Decedent at the time of his death being subject to the rights of any potential heirs of Decedent not named in Item 4 of this affidavit. Affiant is aware that Chicago Title Insurance Company is relying of the representations made herein in issuing said commitment(s) and/or policy or policies.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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\_\_\_\_\_(SEAL)  
Printed/Typed Name: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_(SEAL)  
Printed/Typed Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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State of \_\_\_\_\_  
County of \_\_\_\_\_

Signed and sworn to (or affirmed) before me this day by \_\_\_\_\_  
\_\_\_\_\_ [insert name(s) of principal(s)].

Date: \_\_\_\_\_

\_\_\_\_\_, Notary Public  
Notary's Printed or Typed Name

(Official/Notarial Seal)

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