

Title No._____

NEW YORK ESTATE TAX AFFIDAVIT

STATE OF NEW YORK)			
) ss.:			
COUNTY OF	_)			
		_, being duly sworn,	depose(s) and say	<i>r</i> (s):
Executor/Administr	ator: I/We reside	at	, in the Tow	rn of
and am the duly app	ointed Executor	(s)/Administrator(s)	of the Estate of	who
died a resident of		_ County, on the	day of	,
Real Property: At th	ne time of		's death, he/she	e was the owner of the
property located at _		, in the Town	of	and known as and
by Tax map #				
Value of Estate: I/W	/e am/are fully fa	amiliar with the asse	ts of which the dec	edent died seized, which

Value of Estate: I/We am/are fully familiar with the assets of which the decedent died seized, which comprise the gross estate, and the gross estate is less than \$_____ and therefore said estate is not subject to any New York Estate Tax.

Reliance. I make this affidavit in order to induce New York Title Abstract Services, Inc. and its underwriter to issue a policy of title insurance, knowing they will rely on the truth and accuracy of the statements made herein.

Sworn to	o before me this
day of _	, 20

Notary Public