**Estate Tax Affidavit**

TITLE #: DATE:

State of New York )

County of \_\_\_\_\_\_\_\_\_ ) ss:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being duly sworn, deposes and says as follows:

1. That I/We reside at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and am the \_\_\_\_\_\_\_\_\_\_\_\_ (Executor/Executrix/Administrator/specify other relationship to decedent) of the Estate of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who died a resident of **\_\_\_\_**County on \_\_\_\_\_\_.
2. I/We am/are fully familiar with the assets of which the decedent died seized, including \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Premises”), which comprise the gross estate as hereinafter defined, and the said gross estate (includes wheresoever situate, all real estate, stocks and bonds, mortgages, notes and cash, insurance on decedent’s life, jointly owned property, transfers during decedent’s life without an adequate or full consideration, powers of appointment, annuities, personal property, interests in a partnership or unincorporated business and the value of the decedent’s adjusted lifetime gifts) is not subject to any Federal Estate Tax.
3. That the gross estate situate in the State of New York is not subject to any New York State Estate Tax.
4. I/We make this statement knowing full well that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, relies on the accuracy thereof for the purposes of issuing its policy of title insurance and hereby indemnify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as agent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (underwriter) for all loss, cost or damage which it may sustain as a result of any statements in this affidavit being false or fraudulent.

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

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

Sworn to before me this \_\_\_\_\_\_\_\_\_

day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_

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

Notary Public