ITD 3414 (Rev. 08-17) Supply # 019580700



## **Affidavit of Inheritance** Idaho Transportation Department

PARTION DEP		•				
Vehicle Identification Numb	er		Title Number			
Year	Make		Model			
Name of Deceased			Date of Death			
Name and Address	of Other Heirs:					
Name of Other Heirs			Address			
The undersigned cla	imant hereby deposes and	says that:				
• The claimant is a su	rvivor or heir of the decedent	i <b>.</b>				
• The decedent died i	ntestate.					
• The decedent has no	remaining creditors.					
• The decedent did no	ot leave other property necessi	itating probate.				
• No other heirs have	prior right to the named vehic	cle.				
• The decedent was the	ne titled owner of the above d	escribed vehicle	e, and the claimant has a right to succeed to said motor vehicle.			
Note: If the vehicle des	scribed above has been titled,	but no title is be	eing submitted, the claimant certifies that the title has been lost.			
hereby agrees to warran the State of Idaho from	t and defend said Title and to the expenses of and against al	save harmless all suits, actions,	o Certificate of Title to the above described vehicle. The claimant and defend regardless of outcome the Transportation Department of claims, losses, or assertion of claims including costs, expenses, and f any defect in the Title to the vehicle in question.			

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct and that the signature below is my true and legal signature.

Claimant's Printed Name	Relationship to Deceased			Daytime Phone Number	
					( )
Address	City			State	Zip Code
Claimant's Signature					
X					