ITD 3414 (Rev. 02-10) Supply # 01-9580700 itd.idaho.gov

Affidavit of Inheritance





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Vehicle Identification Number		Title Number		
Year Make		Model		
Name of Deceased		Date of De	eath	
Name and Address of Other He	irs:			
Name of Other Heirs		Address		
The undersigned claimant hereby of	leposes and says that:			
• The claimant is a survivor or heir of	the decedent.			
• The decedent died intestate.				
• The decedent has no remaining cred	litors.			
• The decedent did not leave other pro	operty necessitating prob	ate.		
• No other heirs have prior right to the	e named vehicle.			
• The decedent was the titled owner of	of the above described ve	hicle, and the	claimant has a right to succe	eed to said motor vehicle.
Note: If the vehicle described above ha	s been titled, but no title	is being subm	itted, the claimant certifies	that the title has been lost.
This affidavit is attached to and made part agrees to warrant and defend said Title and Idaho from the expenses of and against all which the department may be subjected or	d to save harmless and def suits, actions, claims, loss	fend regardless ses, or assertior	of outcome the Transportation of claims including costs, ex	on Department of the State of
The undersigned claimant further certifies true and legal signature.	that all information conta	ined in this affi	idavit is true and correct, and	the signature below is his/her
Signature	Daytime	Phone Number	Subscribed and sworn befo	
X Printed Name of Claimant	Relationship to [Deceased	1	year , State of
			County of	
Address, City, State, Zip Code				
			SEAL	
			02/12	
			My Commission Expires _ Notary Public's <u>or</u> ITD	
			Agent's Signature	