AFFIDAVIT OF DOMICILE

STATE OF	/00)	
COUNTY OF)SS:		
			, being duly
sworn deposes and	d says that he/she resid		
State of		and is exec	cutor/administrator of
the estate of	 	· · · · · · · · · · · · · · · · · · ·	deceased, who
died on the	day of	20	; at the time of
his/her death the d	omicile (legal residen	ce) of said dece	dent was
	(address)		,
County of		, State of years prior to death, and was	
	for	years pric	or to death, and was
not a resident of a	ny other State (other the factor) at the time	han that of his/h	er domicile) within
	ade for the purpose of ed in the name of or ov	_	•
	(EXECUTOR/ADM	MINISTRATOR	R/SURVIVOR/HEIR)
	(LALCOTOR/ADIO	VIIIVISTICTION	d SOR VI V OR HEIR)
Subscribed and sw	orn to before me		
this day o	of, 20		
(NOTARY PUBL	IC)		
My commission E			