

AFFIDAVIT OF DEBTS AND/OR DOMICILE

STATE OF _____ }
COUNTY OF _____ } *ss.:*

being duly sworn deposes and says that:

1. He/she resides at _____ State of _____
and is the Executor(trix) — Administrator(trix) — Surviving Tenant — Survivor — Beneficiary —
Other: _____ of the Estate of _____ Deceased;
who died at _____
on _____ 20____

2. At the time of his/her death the domicile (legal residence) of said decedent was at _____
County of _____ State of _____
that decedent resided in said state for _____ years, such residence having commenced
on _____

3. Decedent last voted in the year _____ at _____
County of _____ State of _____

4. Decedent's principal place of business at the time of his/her death was at _____
County of _____ State of _____

5. Decedent's most recent Federal income tax return showed his/her legal residence as _____
County of _____ State of _____

6. Within three years prior to death decedent was _____ was not _____ a resident of another State (if
decedent resided in another State within three years prior to death, set forth the name of the State and
the facts as to change of residence and establishment of final domicile)

7. Any and all debts, taxes and claims against the estate have been paid or provided for.

8. This affidavit is made for the purpose of securing the transfer or delivery of property owned by
decedent at the time of his/her death to a purchaser or the person or persons legally entitled thereto
under the laws of decedent's domicile and that any apparent inequality in distribution has been
satisfied or provided for out of other assets in the estate.

9. This affidavit is made in order to induce
to transfer _____
belonging to said decedent as a distribution to the persons legally entitled thereto under the laws of the
decedent's domicile. Any inequality in the distribution of said property has been equalized by delivery
to the beneficiaries of other money, property or securities.

Sworn to before me on _____

20 _____