



AFFIDAVIT OF DOMICILE / NON-RESIDENCE AFFIDAVIT / AND DEBTS AFFIDAVIT

State of: _____ County of: _____ SS: _____

_____, being duly sworn, deposes and says that she/he resides at _____, state of _____ and is Executor / Administrator / Surviving Tenant of the Estate of _____, deceased, who died at _____ on the _____ day of _____ 20____; at the time of his/her death the domicile (legal residence) of said decedent was at _____, county of _____, state of _____; that decedent resided at such address for _____ years, such resident having commenced on _____ 20____, which the decedent last voted in the year _____ at _____, county of _____, state of _____; that decedent's principle place of business at the time of his/her death was at _____, county of _____, state of _____; that decedents most recent Federal income tax return shown his/her legal residence as _____; county of _____; state of _____; that 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 facts as to change of residence and establishment of final domicile);

that any and all debts, taxes and claims against the estate have been paid or provided for; that this affidavit is made for the purpose of securing the transfer or delivery of property owned by decedent at the time of her/his 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.

Executor / Administrator / Survivor

Sworn to (or affirmed) before this

_____ Day of _____, 20____

(Give official capacity of official Administering oath)

My Commission expires: _____

Form A