



AFFIDAVIT OF DOMICILE

DOMICILE INFORMATION

State of:	_____
County of:	_____
City of:	_____

_____, being duly sworn, deposes that he/she resides at _____, State of _____ and is ___ Executor/ ___ Administrator/ or ___ Surviving Tenant of the Estate of _____, Deceased; who died at _____, on the _____ of _____, 20____; at the time of his/her death the domicile (legal residence) of said decedent was at _____ City/County of _____, State of _____; that decedent resided at such address for _____ years, such residence having commenced on _____, 20____; that decedent last voted in the year _____ at _____, City/County of _____, State of _____; that decedent's most recent Federal income tax return showed his/her legal residence as _____ City/County of _____, State of _____; that within three years prior to death, decedent ___ was/or ___ 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 the decedent at the time of his/her death to a purchaser or the persons legally entitled thereto under the laws of the decedent's domicile and that any apparent inequality in distribution has been satisfied or provided for out of other assets of the estate.

X _____
 Signature Executor, Administrator, or Survivor _____ Date

Notary:
 Sworn to (or affirmed) before this
 _____ day of _____, 20____

X _____
 My commission expires: _____

