## **AFFIDAVIT OF DOMICILE**

IN THE MATTER OF THE ESTATE OF	eceased also known	as		
	(as na	med on death c	certificate or letters testamentary)	
STATE OF				
STATE OF				
COUNTY OF				
COUNTY OF(county where notarized	d)			
I,(print your name)	being duly sw	orn, deposes ar	nd says as follows:	
(print your name)				
THAT my address is				
THAT I am Executor [ ]  Administrator [ ]  Personal Representative [ ]	Spouse [ ]	t Tenant [ ]	Successor Trustee [ ]	
of the Estate of			, deceased;	
of the Estate of	ne of deceased)			
THAT said decedent died in	te or country)	on the	day	
,	• /			
of (month), (yea	r);			
<b>THAT</b> at the date of death, the domicile (leg	al residence) of said	decedent was	at:	
City/County of	State of		and was not a resident of any other state;	
THAT any and all debts, taxes and claims as	gainst the estate hav	e been paid or	provided for so that the securities	
registered in the name ofAccou	Account # are en		rely free for transfer and distribution;	
<b>THAT</b> this affidavit is made for the purpose time of his/her death to a person or persons learny apparent inequality in distribution has be	egally entitled theret	o under the lav	vs of the decedent's domicile and that	
		Type or Prin	t Your Name	
day of, 20		Sign and circle the appropriate title below:  Executor/Executrix  Administrator  Personal Representative  Survivor		
Notary Public			essor	
•			essor Trustee	
My commission expires				