

AFFIDAVIT OF DOMICILE

Dreyfus Service Corporation, P.O. Box 9008, Hicksville, NY 11802-9008

	NOTE: This Affidavit mus	t be completed a	nd execut	ted in the pre	esence of a N	otary.	
State of)						
	:ss.:						
County of	f)						
	,						
	(Name of Surviving Tenant/Executor/Administrator/Trust	b	eing dul	y sworn, de	eposes and	says that	she/he resides
						G	c
at	(Street	t Address and City)				_ State o	(State)
and is	(If Corporate Fiduciary, St	of					, ,
Surviving	Tenant/Executor/Administrator/Truste	e of the Estate of	of				, Deceased,
who died	at(Street Address, City, State, Zip Code)	on the	day	of		(Vaar)	that at the time
of her/his	death the domicile (legal residence) of	of decedent was	at		(Street Address of	und City)	,
	f, State of	'				,	,
such resid	lence having commenced on	M onth, Date)	(Year	; that dece	dent's princ	ipal place of	business at the
time of h	is/her death was at				, Cou	nty of	,
State of	; that decedent's most r						
	(Street Address and City)	_, County of		, St	ate of	; and th	nat within three
						ie)	
years prio	r to the death decedent was not a resid	ent of another S	tate, exce	pt as stated:			
Check on	ne box:	Check on	e box:				
□ (i)	To the best knowledge of affiant, the	□ (i)	To the b	est knowledg	e of affiant.	the	
	decedent owned no real or tangible	()		t owned no p			
	personal property located in New			entucky inhei	1 0		
	Hampshire at the time of decedent's		and estat	te tax at the t	ime of		
	death; or		decedent	t's death; or			
\square (ii)	To the best knowledge of affiant, the	\square (ii)	To the be	est knowledg	e of affiant, t	the	
	decedent owned real and/or personal			t owned prop	•		
	property located in New Hampshire			ucky inherita			
	at the time of decedent's death;		tax at the	e time of dec	edent's death	ı;	

that all debts of and taxes and claims against the decedent's 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 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 of the Estate.**

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this						
day of	, 20					
(Give official capacity of official administering	oath.)					
My commission expires						
(AFFIX SEAL.)						

X		
	(SIGNATURE)	

^{*}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.

^{**} Delete this paragraph if the transfer is made to an executor, administrator or surviving joint-tenant, or for the purpose of sale.