

# Affidavit of Domicile

## Decedent Information

\_\_\_\_\_  
Name of Decedent (print) State of \_\_\_\_\_

\_\_\_\_\_  
Social Security Number County of \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_, being duly sworn, depose and say that I reside at  
Name of Executor/Administrator/Surviving Tenant/Beneficiary/Other (print)

\_\_\_\_\_  
Street Address, City, State, Zip Code of Executor/Administrator/Surviving Tenant/Beneficiary/Other and I am the

Executor     Administrator     Surviving Tenant     Beneficiary     Other \_\_\_\_\_

of \_\_\_\_\_; Deceased; who died at \_\_\_\_\_  
Name of Decedent Location of Death

on the \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_.

At the time of his/her death, the domicile (Legal Residence) of said decedent was at:

\_\_\_\_\_  
Decedent's Street Address at time of death City State Zip Code

\_\_\_\_\_  
County of State of \_\_\_\_\_

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 the person or persons legally entitled thereto under the laws of the decedent's domicile. If signing as Executor, Administrator or Surviving Tenant, I further certify that all debts, taxes and claims against the estate have been paid or provided for, and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

Sworn to me before this \_\_\_\_\_

day of \_\_\_\_\_ year \_\_\_\_\_.

**X**  
\_\_\_\_\_  
Signature of Executor/Administrator/  
Surviving Tenant/Beneficiary/Other Date

\_\_\_\_\_  
Notary Public or Administering Officer Signature, Stamp, Seal  
& Expiration Date