

AFFIDAVIT OF DOMICILE

I, _____ being duly sworn, depose and state as follows:

Affiant (Your Name. If a Corporate Fiduciary, indicate Name and Title)

I reside at _____ (street address), City of _____,

County of _____, State of _____, and am

Please check one:

Executor **Personal Representative** **Administrator** **Joint Tenant Survivor** **Heir at Law**

of _____ (deceased) who died on _____.

Name of decedent

Date (mm/dd/yyyy)

At the time of death, the decedent's residence and legal domicile was in the City of _____, County of _____, and State of _____, and had been the same for the preceding

_____ years. The decedent's last Federal income tax return showed the decedent's residence and domicile was in the City of _____, County of _____, and State of _____.

The decedent last voted in the City of _____, and State of _____.

The decedent was not at any time during the year preceding the date of death a resident of or domiciled in any state within the United States of America other than the state of domicile shown above. The decedent executed no will or instrument within three years prior to death in which the decedent stated he/she was a resident of any other State.

This Affidavit is made for the purpose of securing the transfer or delivery of property owned by the decedent at the time of his or her death to a purchaser or persons legally entitled thereto under the laws of the decedent's domicile and that any and all debts, inheritance and estate taxes, administration expenses, legacies and claims against the estate have been paid or provided for.

PRINT then sign and date in blue or black INK before a Notary Public

Signature of Affiant

Date

Subscribed and sworn to before me, a NOTARY PUBLIC, this

_____ day of _____, 20____

AFFIX SEAL OR STAMP

Signature of Notary Public

Print Name of Notary Public

Commission Expires: _____