AFFIDAVIT OF DOMICILE

COMES NOW,		, resident of		
	, County of	, State of	and who	
make	es this his/her Statement and Affidavit u	pon oath and affirmation of belie	f and personal knowledge	
that th	he following matters, facts and things s	et forth are true and correct to the	e best of his/her	
know	rledge:			
1.	That Affiant	, currently resid	es at	
	, State of _	;		
2.	That Affiant is the administrator (exc	ecutor or surviving tenant) of the	Estate of	
	(F	(Full name of Decedent)		
	who died at, State of		, City of;	
3. That Decedent's domicile (legal residence) at the time of h		idence) at the time of his/her dea	th was at	
		ounty of, St	tate of	
4.	That Decedent resided at such addr	ess for years, such resid	dence having commenced	
	on the	;		
5.	That Decedent last voted in a public	e election in the year of	at	
	, County	of, State o	f;	
6.	That Decedent's principal place of b	ousiness at the time of his/her dea	ath was at	
	, Co	unty of, State	e of;	
7.	That Decedent's most recent Federa	al Income Tax Return showed his	s/her legal residence as	
		, County of, State of		

- 8. That during the three year period prior to death Decedent (was/was not) a resident of another State (if Decedent resided in another State within three (3) years prior to death, set forth the name of the State and facts to support change of residence and establishment of final domicile);
- 9. That all debts, taxes and claims against the estate have been paid or provided for;
- 10. 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 the person or persons legally entitled thereto under the laws of decedent's domicile and any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.