

AFFIDAVIT OF DOMICILE

STATE OF _____)
COUNTY OF _____) ss.
_____)

The undersigned being duly sworn, deposes and says that he/she/they reside at:

Address

and is the Executor/Administrator of the Estate of:

Name of Decedent (the "Decedent")

Who died at:

Time/Date of Death

That at the time of death, the legal residence of the Decedent was:

Street Address	City/State	County	Postal Code
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That Decedent resided at such address for _____ years, such residence having commenced on _____, that Decedent last voted in the year 20_____ in the County of _____, in the State of _____, that Decedent's principal place of business at the time of his/her death was at:

Street Address	City/State	County	Postal Code
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That Decedent's most recent Federal Income Tax Return showed his/her legal residence as:

Street Address	City/State	County	Postal Code
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That within three years prior to death Decedent was not a resident of any other state (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); that any and all debts, taxes, legacies and claims against the 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 the 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 in the state.

Sworn to and subscribed before me this:

_____, 20____

Executor/Administrator

Heir

Notary Public

My Commission Expires

NOTARY SEAL