

AFFIDAVIT OF DOMICILE

IN THE MATTER OF THE ESTATE OF

_____, Deceased, also known as _____

(as named on death certificate or letters testamentary)

STATE OF _____
_____ *(State where Notarized)*

COUNTY OF _____
_____ *(County where Notarized)*

I, _____ being duly sworn, deposes and says as follows:
_____ *(Print Your Name)*

THAT my address
is _____

THAT I am Executor [] Surviving joint tenant [] Successor Trustee []
 Administrator [] Spouse []
 Personal Representative [] Successor []

of the Estate of _____, Deceased;
_____ *(Name of Deceased)*

THAT said decedent died in _____ on the _____ day
_____ *(state or country)*

of (month) _____, (year) _____;

THAT at the date of death, the domicile (legal residence) of said decedent was at:

City/County of _____ State of _____ and was not a resident of any other state;

THAT any and all debts, taxes and claims against the estate have been paid or provided for so that the securities registered in the name of Account # _____ Registration _____
_____ are entirely free for transfer and distribution;

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 person or persons legally entitled thereto under the laws of the decedent's domicile and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

Sworn to before me this

_____ day of _____, 20_____

Type or Print Your Name

Notary Public

My Commission expires _____

Sign and circle the appropriate title below:
Executor/Executrix
Administrator
Personal Representative
Survivor
Successor
Successor Trustee

NOTARY CERTIFICATION

Doc. Date: _____ Undated _____ # of Pages: 1

Notary Name: _____ Circuit _____

Doc. Description: Affidavit of Domicile

Notary Signature _____ Date