



New York State Estate Tax Domicile Affidavit

For estates of decedents dying after May 25, 1990

Complete Form ET-141 if it is claimed that the decedent was not domiciled in New York State at the time of death. The fiduciary (executor or administrator), the surviving spouse, or a member of the decedent's immediate family who can provide all the information requested below should complete this affidavit.

Answer **all** questions completely. Submit this form with Form ET-30; ET-85; ET-90 for dates of death before February 1, 2000; ET-130; ET-133; or ET-706 for dates of death on or after February 1, 2000; as applicable.

Decedent's last name		First	Middle initial	Social security number	
Address of decedent at time of death (number and street)				Date of death	
City, village or post office		County	State	ZIP code	Country of residence
Age of death	Date of birth	Place of birth			

1 If born outside the United States, was the decedent a naturalized citizen of the United States? If Yes, enter (below) the name and address of the court where the decedent was naturalized. Yes No

Name and address of court where naturalized

2 Did decedent **ever** live in New York State? Yes No If Yes, list periods.

3 Did decedent **ever** own, individually or jointly, any interest in real estate located in New York State? Yes No If Yes, list addresses and periods below (submit additional sheets if necessary).

Periods of time - from/to	Addresses of property

4 Did decedent lease a safe deposit box located in New York State at the time of death? Yes No If Yes, complete box below. Also, if Yes, has it been inventoried? Yes No If Yes, submit a copy of inventory.

Name and address of bank where box is located

5 Provide the following information regarding the residences of the decedent during the last five years preceding death (submit additional sheets if necessary).

Period of time from - to	Address	Residence owned - rented other - explain	Period of time from - to	Address	Residence owned - rented other - explain

6 For the five years prior to death, list (1) the Internal Revenue Service Centers and (2) the states or other municipalities where the decedent filed income tax returns (if no income tax returns were filed, enter **none**).

Year	Internal Revenue Service Center	State, county, or municipality

Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

7 List the states where the decedent was registered to vote during the last five years preceding death (*list latest year first*).

Years		State
From	To	
Date of Death		

If decedent did not vote in those five years, when did he or she last vote?

Where?

8 List employment or business activities (if any) engaged in by the decedent during the five years preceding the date of death.

In New York State		Outside New York State	
Period of time from - to	Nature of employment or business activities	Period of time from - to	Nature of employment or business activities

9 Was decedent a party to any legal proceedings in New York State during the last five years? Yes No If Yes, list courts, dates, and types of action.

10 Did decedent have a license to operate a business, profession, motor vehicle, airplane, or boat? Yes No If Yes, list below.

License number	Type of license	Date of issuance	Name and location of issuing office

11 Did decedent execute any trust indentures, deeds, mortgages, or any other documents describing his or her residence during the last five years preceding death? Yes No If Yes, submit a copy.

12 Was the decedent a member of any church, club, or organization? Yes No

If Yes, give name, address, and other details. (*Submit additional sheets if necessary.*)

13 What other information do you wish to submit in support of the contention that the decedent was not domiciled in New York State at the time of death? (*Submit additional sheets if necessary.*)

Applicant's last name	First name	Middle initial	Relationship to decedent
Address (<i>number and street</i>)			Connection with estate
City, village, or post office	State	ZIP code	Country of residence

The undersigned states that this affidavit is made to induce the Commissioner of the Department of Taxation and Finance of the State of New York to determine domicile, and that the answers herein contained to the foregoing questions are each and every one of them true in every particular.

Signature of applicant _____

Signature of Notary Public, Commissioner of Deeds or Authorized New York State Department of Taxation and Finance employee (no seal required)

Sworn before me this _____ day of _____ 20 _____

Signature