

AFFIDAVIT OF DOMICILE

State of _____)
: ss
County of _____)

_____, being duly sworn, deposes and says that he/she resides at _____, State of _____, and is Executor/Administrator/Surviving Tenant of the Estate of _____, Deceased; who died at _____ on the ___ day of _____, 20___; at the time of his/her death the domicile (legal residence of said decedent was at _____, County of _____, State of _____; that decedent's most recent Federal income tax return showed his/her legal residence as _____, County of _____, State of _____; that within three years prior to death decedent was not a resident of another 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 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 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 estate.

Executor
Administrator
Survivor

Sworn to (or affirmed) before me this _____ day of _____, 20___.

(Give official capacity of official administering oath.)

My Commission expires _____

Notarial Seal