



Affidavit of Domicile

State of _____)
County of _____) :ss

_____, being duly sworn, deposes and says that he/she/they resides at _____, State of _____ and is

Execut _____ of the Estate of _____)

Administrat _____ of the Estate of _____)

Survivor of the Joint Tenancy with _____) _____, deceased who died at

_____ on the ____ day of _____ (year) _____; at the

time of his/her death the domicile (legal residence) of said decedent was at

_____, County of _____, State of _____; that decedent

resided at such address for _____ years; that decedent's principal place of business at the

time of his/her death 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, 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 estate.

Sworn to (or affirmed) before me this

_____ day of _____, 20____

Executor Executrix
Administrator Administratrix
Survivor

NOTARIAL SEAL

Give official capacity of official administering oath

My Commission Expires _____