

AFFIDAVIT OF DOMICILE

NOTE: This affidavit must be filled in and signed before a notary.

STATE OF _____)

) SS:

COUNTY OF _____)

I, _____, being duly sworn, depose(s) and say(s) that I reside at _____, and acting as the Surviving Tenant, Executor, or Administrator of the Estate of _____, Deceased, who died in the State of _____ on _____, 20____; that at the time of his /her death the domicile (legal residence) was at _____;

(if the decedent resided in another State within 3 years prior to his or her death, indicate the name of the State where he or she previously resided); that all debts of and taxes and claims against the decedent's Estate have been paid or provided for; that this affidavit is made for purposes 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 of the Estate.

The above statement can be disregarded if transfer is made to another executor, administrator, surviving joint tenant, or for the purpose of sale.

Sworn to and subscribed before me

This _____ day of _____, _____

Signature

Notary Public
My Commission Expires