

AFFIDAVIT OF DOMICILE

Account No. \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says: That \_\_\_\_\_  
(Name of Executor/Administrator/personal Representative/Survivor/Atty) (he/she)

Resides at \_\_\_\_\_, City of \_\_\_\_\_, County of

\_\_\_\_\_, State of \_\_\_\_\_ and is \_\_\_\_\_  
(Executor/Administrator/Personal Representative/Survivor/Atty)

of the estate of \_\_\_\_\_, deceased who died on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_\_.

That the decedent died a legal resident of the State of \_\_\_\_\_ and was a  
resident of this state for a period of \_\_\_\_\_ years preceding \_\_\_\_\_ death.

(his/her)

That the decedent executed no will or other instrument within two years prior to death in which he

states that \_\_\_\_\_ was a resident of any other state other than the state of \_\_\_\_\_.  
(he/she)

\_\_\_\_\_  
(Signature of Deponent, and capacity in which affidavit is signed)

State \_\_\_\_\_

County \_\_\_\_\_

Sworn to (or affirmed) before me

this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_

official capacity of official administering oath

My commission expires \_\_\_\_\_

