## 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 Executor, or Administrator of the Estate of died in the State of		_, and acting as the	Surviving Tenant,
Executor, or Administrator of the Estate of	of		, Deceased, who
died in the State of	on	, 20	; that at the time of
his/her death the domicile (legal residence	e) was at		<b>:</b>
(if the decedent resided in another State w	•		
State where he or she previously resided):	; that all debts of ar	nd taxes and claims	against the decedent's
Estate have been paid or provided for; that			_
delivery of property owned by the decede			-
persons legally entitle thereto under the la			ny apparent inequality in
distribution has been satisfied or provided	d for out of other as	sets of the Estate.	
The above statement can be disregarded i	f transfer is made t	o another executor.	administrator surviving
joint tenant, or for the purpose of sale.	i transfer is inade t	o unomer enecutor,	aummistrator, sur viving
Sworn to and subscribed before me			
Thisday of	,		
		Signature	
Notary Public			
My Commission Expires			