

AFFIDAVIT OF DOMICILE

Date: _____

1. THE DECEDENT.

Account Number: _____

Decedent Name: _____

Date of Death: _____

Legal Residence Address: _____

2. THE AFFIANT.

Identification: Executor Administrator Personal Representative Spouse
 Trustee Beneficiary Heir at Law Survivor of Joint Tenancy

Affiant Name: _____

Affiant Address: _____

3. PURPOSE.

This affidavit of domicile is made for the purpose of securing the transfer or delivery of property owned at the time of the decedent's death to a purchaser or the person(s) legally entitled thereto under the laws of the state of the decedent's domicile.

Under penalty of perjury I, _____, hereby declare and acknowledge that the information in this affidavit of domicile is true and correct.

Affiant's Signature: _____ **Date:** _____

NOTARY ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____
County of _____

The foregoing instrument was acknowledged before me, _____,
on _____, by the undersigned, _____, who is
personally known to me or satisfactorily proven to me to be the person whose name is
subscribed to the within instrument.

WITNESS my hand and official seal.

Signature: _____ (Seal)