AFFIDAVIT OF DOMICILE

STATE OF)	
COUNTY OF) SS)	
	, being duly sworn, depos	es and
says that (he/she/they) resides at		
State of	, and is Executor)
	Administrator of the Estate	of)
	Survivor with joint tenancy)
	_, Deceased who died at	on the
day of	, 20, that at the time of his/	

the domicile (legal residence) of said decedent was at _____ County of ______, State of ______, that decedent resided at such address for ______, such residence having commenced on ______ , 10 votod in 1 \sim

19, that decedent last vo	ted in the year	at	County	of
, State of		, that dece	dent's principal place	of
business at the time of his/her	death was at	,	County of	,
State of	, that decedent's	most recent Fe	ederal Income Tax Re	turn
showed his legal residence as _		, C	ounty of	,
State of	; that within t	three years pri	or to death decedent w	vas
not a resident of another state ("if decedent resid	led in another	state within three year	rs
prior to death, set forth the nan	ne of the state and	l facts as to ch	ange of residence and	
establishment of final domicile	e);			

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 state.

Sworn to (or affirmed) before me this _____ day of _____ , ____

Executor Administrator Survivor

Executrix Administratrix

(Give official capacity of official administering Oath)

My Commission expires _____

NOTARY SEAL