AFFIDAVIT OF DOMICILE

STATE OF)	
COUNTY OF) SS	
	, being	duly sworn, deposes and
says that (he/she/they) resides at		
State of	, and is Executor)
	Administr Survivor v	ator of the Estate of) with joint tenancy)
, Dec	ceased who died at	on the
, Dec	, 20, that	at the time of his/her death
the domicile (legal residence) of said de	cedent was at	
County of, State of	,	that decedent resided at
such address for years, such	h residence having co	mmenced on
,		
19, that decedent last voted in the		
, State of	, that dece	edent's principal place of
business at the time of his/her death was	s at	County of,
State of, that dec	cedent's most recent F	ederal Income Tax Return
showed his legal residence as	, , C	County of,
State of; that	t within three years pr	or to death decedent was
not a resident of another state ("if deced	ent resided in another	state within three years
prior to death, set forth the name of the	state and facts as to ch	ange of residence and
establishment of final domicile);		-
that any and all debts, taxes legacies and	l claims against the es	tate have been paid or
provided for; that this affidavit is made		
delivery of property owned by the deced		
the person or persons legally entitled the		
that any apparent inequality in distributi		
assets in the state.		r
Sworn to (or affirmed) before me this		
day of ,	Executor	Executrix
	Administrator	Administratrix
	Survivor	Administrativa
(Give official capacity of official admin		
Oath)	151011115	
ouii,		
My Commission expires		
, commodion expires		

NOTARY SEAL