

AFFIDAVIT OF DOMICILE

State of _____

County of _____

I, the undersigned, of lawful age and sound mind, hereby affirm and attest as follows, as of _____ [insert date]:

1. My legal name is _____
2. I reside at _____, City of _____, County of _____, State of _____, Zip code _____.
3. I am the _____ of _____ (the “Decedent”), who died on _____. A copy of Decedent’s certified death certificate is attached hereto as Exhibit A.
4. On the date of death, Decedent was was not married. The name of the surviving spouse, if applicable, is _____.
5. This Affidavit of Domicile is provided to a purchaser in connection with the transfer or other disposition of property or other assets owned by Decedent at the time of Decedent’s death and may be relied upon by such purchaser.
6. On the date of Decedent’s death, Decedent’s legal residence and domicile was in the City of _____, County of _____, State of _____. Decedent resided within the foregoing state for at least _____ years.
7. The foregoing information is based upon information and belief and is true and correct to the best of my knowledge.



IN WITNESS WHEREOF, the undersigned executes this Affidavit as of the date set forth above.

Signature: _____

Printed Name: _____

STATE OF _____)
) ss.
COUNTY _____)

The foregoing instrument was acknowledged before me this ___ day of _____, by _____.

Notary Public

My commission expires:

