AFFIDAVIT OF DOMICILE

STATE OF _____)
) SS _____
COUNTY OF _____)

_____ , being duly sworn, deposes 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 _____ , 19 ___ , that at the time of his/her death the domicile (legal residence) of said decedent was at _____ ,
County of _____, State of _____ , that decedent resided at such address for _____ years, such residence having commenced on _____ ,
19 ____ , that decedent last voted in the year _____ at _____ County of _____ , State of _____ , that decedent's principal place of business at the time of his/her death was at _____ , County of _____ , State of _____ , that decedent's most recent Federal Income Tax Return showed his legal residence as _____ , County of _____ , State of _____ ; that within three years prior to death decedent was not a resident of another state ("if decedent resided in another state within three years prior to death, set forth the name of the state and facts as to change of residence and establishment of final domicile) ;

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 Executrix
_____ Administrator Administratrix
_____ Survivor
(Give official capacity of official administering oath)

My Commission expires _____

NOTARY SEAL