

Affidavit of Domicile

I, _____, residing at _____, being first duly sworn, state as follows:

I am the _____ [your function] of the Estate of _____ ("Decedent") who died on _____ ("Date of Death").

At the time of death, the Decedent's domicile was _____, and the Decedent had resided in the State of _____ and was not a resident of any other state of the United States at the time of death.

The Decedent did not claim any state of domicile other than the State of _____ on any instrument or Will executed within the two years prior to death.

Certificate(s) representing _____ were physically located in _____ at the time of the Decedent's death.

Maker of Affidavit

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires on: _____ 20____