AFFIDAVIT OF DOMICILE

IN THE MATTER OF THE ESTATE OF
_____, Deceased, also known as _____
(as named on death certificate or letters testamentary)

STATE OF_____
(State where Notarized)

COUNTY OF_____
(County where Notarized)

I, _____being duly sworn, deposes and says as follows:
(Print Your Name)

THAT my address
is_____

THAT I am Executor [ ] Administrator [ ] Personal Representative [ ] Surviving joint tenant [ ] Spouse [ ] TOD Beneficiary [ ] Successor Trustee [ ] Successor [ ]

of the Estate of_____, Deceased;
(Name of Deceased)

THAT said decedent died in_____on the_____day
(state or country)

of (month) _____, (year) _____;

THAT at the date of death, the domicile (legal residence) of said decedent was at:

City/County of _____ State of _____ and was not a resident of any other state;

THAT any and all debts, taxes and claims against the estate have been paid or provided for so that the securities registered in the name of Account # _____**,** Registration _____
_____ are entirely free for transfer and distribution;

THAT this affidavit is made for the purpose of securing the transfer or delivery of property owned by decedent at the time of his/her death to a person or persons legally entitled thereto under the laws of the decedent's domicile and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

Sworn to before me this

_____day of_____, 20_____

_____
Notary Public

My Commission expires_____

_____
Type or Print Your Name

_____
Sign and circle the appropriate title below:
Executor/Executrix
Administrator
Personal Representative
Survivor
Successor
Successor Trustee
TOD Beneficiary

NOTARY CERTIFICATION

Doc. Date:_____Undated_____ # of Pages: _1_

Notary Name:_____ _____ Circuit

Doc. Description: Affidavit of Domicile

_____
Notary Signature Date