## AFFIDAVIT OF DOMICILE

STATE OF	\000	_)	
COUNTY OF	)SS		
			, being duly
sworn deposes and	says that he/she resid	des at	
State of		and is exec	cutor/administrator of
the estate of	day of		deceased, who
died on the	day of	20	; at the time of
his/her death the do	omicile (legal residen	nce) of said dece	dent was
	(address)		······································
County of	for	, Stat	te of
	for	years pric	or to death, and was
not a resident of an	y other State (other t f America, at the tim	han that of his/h	er domicile) within
		•	ansfer or delivery of cedent at the time of
	EXECUTOR/AD	MINISTR ATOF	R/SURVIVOR/HEIR)
	(Energy of the second of the s		dock fit old filling
Subscribed and swe	orn to before me		
this day of	., 20		
(NOTARY PUBLI	C)		
My commission Ex			