

# AFFIDAVIT OF DOMICILE

STATE OF [State where affidavit is signed]

COUNTY OF [County where affidavit is signed]

I, [affiant full legal name], being duly sworn, depose and state as follows:

## I. AFFIANT INFORMATION

My full legal name is [affiant full legal name].

**My current address is: Street Address:** [affiant street address]

**Unit Number (if applicable):** [affiant unit number]

**City:** [affiant city]

**State:** [affiant state]

**Zip Code:** [affiant zip code]

**My phone number is:** [affiant phone number]

**My email address is:** [affiant email address]

I am the [relationship to deceased, e.g., Executor, Administrator, Personal Representative, surviving spouse, child] of the Estate of [deceased full legal name], deceased.

## II. DECEASED INFORMATION

The full legal name of the deceased is [deceased full legal name].

The deceased passed away on [date of death].

**The deceased's last known address was: Street Address:** [deceased street address]

**Unit Number (if applicable):** [deceased unit number]

**City:** [deceased city]

**State:** [deceased state]

**Zip Code:** [deceased zip code]

**The deceased's Social Security Number was:** [deceased Social Security Number]

**The deceased's date of birth was:** [deceased date of birth]

## III. DECLARATION OF DOMICILE

1. At the time of death on [date of death], the deceased, [deceased full legal name], was a legal resident

and domiciliary of [deceased city], [deceased state], residing at [deceased street address], [deceased city], [deceased state] [deceased zip code].

2. The deceased did not maintain any other residences or domiciles, either within or outside the State of [deceased state], during the five (5) years immediately preceding the date of death.
3. The deceased did not use any other names, aliases, or maiden names.
4. The deceased had no children.
5. There is no pending litigation or dispute regarding the deceased's domicile or estate.
6. An Affidavit of Domicile has not previously been filed for this deceased individual.

#### **IV. PURPOSE OF AFFIDAVIT**

This Affidavit is made for the purpose of formally declaring and verifying the legal residence of the deceased, [deceased full legal name], at the time of death, to facilitate the transfer of ownership of securities or other assets held by the deceased in probate proceedings or other estate administration matters.

I declare under penalty of perjury under the laws of the State of [State where affidavit is signed] that the foregoing is true and correct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** [affiant full legal name]

**Address:** [affiant street address], [affiant city], [affiant state] [affiant zip code]