AFFIDAVIT OF DOMICILE

STATE OF)		
) SS :		
COUNTY OF)		
			1
sworn dances and	d says that he/she resides		, being duly
sworn acposes and	i says that he/she resides	ai	
State of		and is exe	ecutor/administrator of
the estate of			deceased, who
died on the	day of	20	; at the time of
his/her death the d	lomicile (legal residence)) of said dec	edent was
	(address)		,
County of	for	. Sta	nte of
	for	vears pri	or to death, and was
not a resident of a	ny other State (other than	that of his/	her domicile) within
	of America, at the time o		, , , , , ,
	,		
This affidavit is m	ade for the purpose of se	ecuring the t	ransfer or delivery of
	ed in the name of or own	_	
his/her death.		J	
	(EXECUTOR/ADMI	NISTRATO	R/SURVIVOR/HEIR)
Subscribed and sw	vorn to before me		
this day o	of, 20		
		_	
(NOTARY PUBL			
My commission E	Expires		