

AFFIDAVIT OF DOMICILE

State of: _____

County of: _____

I, _____, of full legal age, being duly sworn, do depose and say that: I reside at _____ City of _____ State of _____, and I am the Executor/Administrator of the Estate of _____, deceased, who died on the _____ day of _____, 20____. At the time of death, the legal residence of said decedent was _____, City of _____, State of _____. He/she resided in the State of _____ for approximately _____ years prior to death and was not a resident of any other state within the United States of America.

(X) _____

(Deponent)

Sworn to and subscribed

before me this ____ day of

(Notarization Required)

_____, 20____.