

AFFIDAVIT OF DOMICILE

State of _____

County of _____

Date: _____, 20____

I. CLAIMANT.

I, _____ ("Claimant"), with a mailing address of _____, declares to be the Decedent's:

(check one)

- ☐ - Executor / Administrator of the Estate
- ☐ - Spouse
- ☐ - Beneficiary
- ☐ - Surviving Joint Tenant
- ☐ - Other. _____

II. DECEASED.

_____ ("Decedent"), with a mailing address of _____, who died on _____, 20____.

III. PURPOSE.

The purpose of this Affidavit is to retrieve transfer and take possession of the following accounts and property: _____

Claimant's Signature: _____ Date: _____

Print Name: _____ Date: _____