

For Internal Use Only

Branch No.

Account No.

FA/PWA No.

Affidavit of Domicile and Debts

THE UNDERSIGNED, _____, being duly sworn, deposes and states the following:
PRINT NAME

1. The name of the decedent is _____.
2. Decedent died on (date) _____ at (city, state) _____.
3. At decedent's death, decedent resided at (city, state) _____.
4. Within three years prior to death, decedent was not a resident of another State. If this statement is not true and the decedent did reside in another State within three years prior to death, the prior address was:

STREET ADDRESS _____

CITY _____

STATE _____

ZIP _____

5. That any and all debts, taxes and claims against the estate have been paid or provided for; that this affidavit is made for the purpose of securing the transfer or delivery of property owned by decedent at the time of his/her death to a purchaser or the person or persons legally entitled thereto under the laws of decedent's domicile and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

6. The undersigned is:

- Executor/Administrator/Personal Representative
- Survivor of Joint Tenancy
- Beneficiary
- Other

SIGNATURE OF PERSON DESIGNATED UNDER SECTION 6 ABOVE _____

CLIENT MUST SIGN BEFORE A NOTARY PUBLIC.

State of _____ }
County of _____ } **SS (SEAL)**

My Commission Expires ___/___/___

Subscribed and sworn to before me by the above named individual on the _____ day of _____ 20_____.

SIGNATURE OF NOTARY PUBLIC _____

