

Account #						

Branch #		

IC #		

AFFIDAVIT OF DOMICILE
THIS DOCUMENT MUST BE NOTARIZED
(dated within 60 days)

State of residence: _____

County of residence: _____

I / We _____
(printed name) *(printed name)*

being duly sworn, depose and say as follows:

I / We reside at: _____
(street address) *(street address)*

(city, state, zip code) *(city, state, zip code)*

I am / We are *(check one)*: Personal Representative(s) Surviving Spouse Surviving Joint Tenant(s) Heir(s)

of the estate of: _____, deceased,

who passed away: _____
(day) *(month)* *(year)*

At the time of death, the domicile (legal residence) of said decedent was:

(street address)

(city, state, zip code)

(signature) *(date)* *(signature)* *(date)*

Subscribed and sworn to before me this _____ day of _____, year _____.

By: _____
Printed Name of Notary Public Signature of Notary Public

AFFIX NOTARY SEAL

MY COMMISSION EXPIRES: _____