

Affidavit Of Domicile

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State of _____

County of _____

[Name] _____ being duly sworn, deposes and says that he/she/they reside(s) at

[Address] _____, State of _____ and is: (Please check and fill in one)

Executor/rix of the Estate of _____
Administrator/rix of the Estate of _____
Survivor of the Joint Tenancy with _____
Beneficiary of the account of, _____

deceased who died at _____ on _____;
(address) (date)

at the time of his/her death the domicile (legal residence) of said decedent was at

Same Address as above or _____;
Address: County: State:

that decedent resided at such address for ___ years; that decedent's principal place of business at the time of his/her death was at Retired or (business address) _____
Address:

_____;
County: State:

legal residence at Same Address as above or _____
Address:

_____;
County: State:

that within three years prior to death decedent was not a resident of another State. (If decedent resided in another State within three years prior to death, set forth the name of the State and facts as to change of residence and establishment of final domicile): that any and all debts, taxes, legacies and claims against the estate have been paid or provided for; that this affidavit is made for purpose of securing the transfer or delivery of property owned by the 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. Sworn to (or affirmed) before me on

Date: _____

Give official capacity of official administering oath

My Commission expires: _____

Executor/rix or Administrator/rix or Survivor or Beneficiary Signature

Signature	Date
	

