

## Affidavit of Domicile

| County of   | ) <b>SS</b> .:         |  |
|---|------------------------|--|
|   | , being duly sworn dep | poses and says that he/she resides at                    |
| tor/survivor/heir of the estate of                  |                        | and is executor/administra-<br>deceased, who died on the |
| day of, 20  |                        |  |
|   | , County of            | , State of;  |
| Pleas   | se Sign and Date Below |  |
| X Signature of Executor/Administrator/Survivor/Heir | Date                   | _  |
| Signature of Executor/Administrator/Survivor/Heir   | Date                   |  |
| Notary Public:                                      |                        |  |
| Sworn to before me thisday of                       | , 20                   |  |
| X<br>Signature of Notary Public                     |                        |  |
| Date Commission Expires                             |                        |  |
| (Notary Public - Affix Seal)                        |                        |  |