

# 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: \_\_\_\_\_

