

STATE OF _____)
) SS _____)
COUNTY OF _____)

Executor /Administrator of the Estate

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

Street Address City State Zip

and is Executor /Administrator of the Estate of _____

Deceased

who died at _____ : _____ AM/PM on _____ / _____ /20_____, that at the time of his/her death the domicile (legal residence) of said decedent was at

Street Address City State Zip

that decedent resided at such address for _____ years, such residence having commenced on _____ / _____ /20_____, that decedent last voted in the year 20_____ in the County of _____ in the State of _____, that decedent's principal place of business at the time of his/her death was at _____, in the County of _____, in the State of _____, that decedent's most recent Federal Income Tax Return showed his legal residence as

Street Address City County State Zip

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 the 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 state.

Sworn to (or affirmed) before me this day, _____ / _____ /20_____.

Executor/Executrix

Administrator/Administratrix

Survivor

Official capacity of official giving oath

Expiration of Commission

NOTARY SEAL