

<b>Account #</b>

<b>Branch #</b>

<b>IC #</b>

**AFFIDAVIT OF DOMICILE**  
(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

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

My Commission Expires \_\_\_\_\_

**Medallion Guarantee**

Affix Notary Seal

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