**Affidavit of Domicile Form Online**

**State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name), with a current address of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Address), do hereby swear under penalty of perjury that:**

1. I am the legal representative or heir of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Deceased’s Full Name).
2. The deceased resided at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Deceased’s Address) in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, continuously for \_\_\_\_\_\_\_ years before their passing on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date).
3. The purpose of this affidavit is to establish the deceased’s domicile for asset transfer, probate court proceedings, or any other legal matters as needed.
4. By electronically signing this affidavit, I affirm the truthfulness of the information provided herein.
5. I acknowledge that providing false information may result in legal consequences.

**Electronic Declaration**

* **Electronic Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Digital Witness Acknowledgment (If Required)
This affidavit was electronically signed in the presence of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Witness Name) on the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_*, 20*.**

* **Witness Electronic Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**