

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