

# Affidavit of Domicile Form PDF

State of \_\_\_\_\_

County of \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ (Full Name), residing at \_\_\_\_\_ (Address), in the City of \_\_\_\_\_, State of \_\_\_\_\_, being duly sworn, depose and say that:

1. I am of legal age, over 18 years old, and fully competent to provide this affidavit.
2. I was personally acquainted with \_\_\_\_\_ (Deceased's Full Name), who passed away on \_\_\_\_\_ (Date of Death).
3. At the time of their death, the deceased was domiciled at \_\_\_\_\_ (Deceased's Address), in the City of \_\_\_\_\_, State of \_\_\_\_\_.
4. The deceased resided at the above address continuously for \_\_\_\_\_ years prior to their death.
5. This affidavit is being provided for the purpose of confirming the deceased's domicile in order to settle their estate, transfer assets, or as required by the probate court or financial institutions.
6. I understand that any false statement made in this affidavit may result in penalties for perjury.

## Declaration and Certification

- **Signature of Affiant:** \_\_\_\_\_
- **Date:** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_
- **Email Address (optional):** \_\_\_\_\_

## Notary Public Certification

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20.

- **Notary Public Signature:** \_\_\_\_\_
- **Commission Expiry Date:** \_\_\_\_\_