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Affidavit of Domicile

1. Affidavit of Domicile.

Account #: _____

I, _____, being duly sworn, depose and say as follows:

I reside at, _____, in the State of _____ and am the Executor Administrator Survivor of the Estate of _____, deceased, who died on the ____ day of _____, 20____. At the time of death, the domicile of the decedent was in the State of _____ at the following address (including city, state and zip code) _____. I further certify that the decedent was either (1) a resident of the State of _____ for at least three years prior to their death or (2) a resident of the following states (list all) _____ during the three years prior to their death, and (3) that all debts, taxes, legacies and claims against the estate have been provided for or paid for in any state or jurisdiction listed above in (1) or (2).

I further certify that this affidavit is made for the purpose of securing the transfer or delivery of property owned by the decedent at the time of their death to a purchaser or the person or persons legally entitled thereto under the laws of the state(s) that the decedent was a legal resident of and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

STOP HERE! You must sign this document in front of a notary public.

X _____
Signature Date

2. Notary Public's Information.

Before me this day personally appeared _____, known to be the person whose signature appears above, who states that the above statement is true and correct.

Sworn before me in the County of _____ in the State of _____ on this the ____ day of _____, 20____.

X _____
Notary Public's Signature

Affix Notary Stamp Here

Commission Expires: _____