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Affidavit of Domicile

PLEASE COMPLETE AND SEND VIA EMAIL TO
CS@ALPARI-US.COM OR FAX TO +1 646.825.5761.

STATE OF _____)

COUNTY OF _____)

_____ (“Deponent”), being duly sworn, deposes and says as follows:

- I reside at _____,
City of _____, State of _____, and am
executor/executrix of the Estate of/is the administrator/administratrix of the Estate of
_____, deceased, who died on
the _____ day of _____, 20 _____.
- At the time of death, the domicile or legal residence of the decedent was at
_____, City of
_____, County of _____, State of
_____. Decedent resided at such address for _____ years prior to death,
and any and all debts, taxes legacies and claims against the estate have been paid or provided for.
- This affidavit is made for the purpose of securing the transfer or delivery of any property owned by the
decedent at the time of decedent’s death to the person or persons legally entitled thereto under the laws of
decedent’s domicile and that any apparent inequality in distribution has been satisfied or provided for out
of other assets in the state.

SIGNATURE OF DEPONENT

Sworn to (or affirmed) before me this _____ day of _____, 20 _____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

AFFIX NOTARY SEAL