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# Affidavit of Domicile

PLEASE COMPLETE AND SEND VIA EMAIL TO  
[CS@ALPARI-US.COM](mailto: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