

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

} ss.

**AFFIDAVIT OF DOMICILE**

I, \_\_\_\_\_, state:

**For Individual:**

1. My address is: \_\_\_\_\_.
2. I am  
 the Personal Representative of the Estate of \_\_\_\_\_.  
or  
 Surviving Joint Tenant, T.O.D. payee, or P.O.D. payee of \_\_\_\_\_ who died on \_\_\_\_\_.

**For Corporate:**

1. I am an officer, namely, \_\_\_\_\_ of \_\_\_\_\_ a corporation organized under the laws of the State of \_\_\_\_\_, having its principal place of business at \_\_\_\_\_.
2. \_\_\_\_\_ is the Personal Representative of the Estate of \_\_\_\_\_, Decedent, who died on \_\_\_\_\_.

**For Both Individual and Corporate:**

3. At the time of death of the Decedent the physical situs of  \_\_\_\_\_ shares of \_\_\_\_\_ corporation  \_\_\_\_\_ bonds of \_\_\_\_\_, was in the City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.
4. At the time of death the domicile (legal residence) of the Decedent was \_\_\_\_\_.
5. The Decedent resided in the State of \_\_\_\_\_ for \_\_\_\_\_ years prior to death and was not domiciled in any other state within the United States at the time of death.
6. The last federal income tax return filed by the Decedent was for the year \_\_\_\_\_, as a domiciliary of the State of \_\_\_\_\_.

**I declare under penalty of perjury that everything I have stated in this document is true and correct. MINN. STAT. § 358.116.**

Dated: \_\_\_\_\_

Affiant

<p>Attorney for Applicant Name _____ Firm _____ Street _____ City, State, ZIP _____ Attorney License No: _____ Telephone: _____ FAX: _____ Email: _____</p>	<p>NOTARIAL STAMP OR SEAL (OR OTHER TITLE OR RANK):  Subscribed and sworn to before me on _____ (date).  _____ Signature of Notary Public or Other Official</p>
---	---

**SAMPLE DOCUMENT**