

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