

# Affidavit of Domicile

**ATTENTION:** Only use this form if the decedent was domiciled in the 50 U.S. states or the District of Columbia at the time of death, regardless of the decedent's citizenship. Otherwise, use the "Affidavit and Agreement for Use with Accounts for Non-U.S. Residents" (Form 1402). The term "domiciled in" refers to the place where the decedent lived and intended to remain indefinitely.

**FOR INTERNAL USE ONLY**

**MLPF&S Account #1**

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**MLPF&S Account #2**

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**MLPF&S Account #3**

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**ALL FIELDS PROVIDED BELOW ARE REQUIRED TO BE COMPLETED**

I, \_\_\_\_\_

Declarant (your name, or if a corporate fiduciary, show name and title of individual signing, and name and address of corporation) being duly sworn, depose and state as follows:

**I reside at:**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**I am (please select at least one relationship to the decedent):**

Executor/Executrix     Personal Representative     Administrator/Administratrix     Survivor of Joint Tenancy     Heir at law

Other (please specify) \_\_\_\_\_

of \_\_\_\_\_, who died on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
(Name of Decedent) (MM) (DD) (YYYY)

**At the time of death, the decedent's domicile was:**

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Length of time the decedent resided at this address prior to death:**    Year(s) \_\_\_\_\_    Month(s) \_\_\_\_\_

**If the decedent was domiciled in any state other than that listed on this form (as noted above) within three years prior to his/her passing, these states are listed below:**

State \_\_\_\_\_

State \_\_\_\_\_

State \_\_\_\_\_

This affidavit is made for the purpose of securing the transfer or delivery of property owned by the decedent at the time of his or her death to a purchaser or persons legally entitled thereto under the laws of the decedent's domicile.

**FOR USE IN ALL STATES EXCEPT CA AND FL**

**Must be signed in the Presence of Notary.** Please note that all fields, including the boxes below, must be completed by the Notary Public or the document will be returned.

\_\_\_\_\_  
Signature of Declarant \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

**THIS JURAT MAY NOT BE USED BY CALIFORNIA OR FLORIDA NOTARIES. CALIFORNIA NOTARIES ARE TO USE THE JURAT FOR CALIFORNIA BELOW OR THE JURAT AVAILABLE ON THE CALIFORNIA SECRETARY OF STATE WEBSITE. FLORIDA NOTARIES ARE TO USE THE JURAT FOR FLORIDA ON THE NEXT PAGE.**

**Notarization is Required**

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

by, \_\_\_\_\_, proved to me on the basis of satisfactory  
(Insert Signor's Name, NOT Notary's Name)

evidence to be the person who appeared before me.

\_\_\_\_\_  
Signature of Notary Public (Affix Seal or Stamp)

\_\_\_\_\_  
Print Name of Notary Public Commission Expiration Date of Notary

Please check one of the following (required):  Personally Known OR  Produced Identification (Type of Identification required below)

Type of Identification Produced \_\_\_\_\_

**JURAT FOR CALIFORNIA**

**Must be signed in the Presence of Notary.** Please note that all fields, including the boxes below, must be completed by the Notary Public or the document will be returned. This jurat must be used by notaries in California.

\_\_\_\_\_  
Signature of Declarant \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

**CALIFORNIA NOTARIES MUST USE THIS JURAT OR THE JURAT AVAILABLE ON THE CALIFORNIA SECRETARY OF STATE WEBSITE.**

**A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.**

**Notarization is Required**

State of California County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

by, \_\_\_\_\_, proved to me on the basis of satisfactory  
(Insert Signor's Name, NOT Notary's Name)

evidence to be the person who appeared before me.

\_\_\_\_\_  
Signature of Notary Public (Affix Seal or Stamp)

\_\_\_\_\_  
Print Name of Notary Public

## JURAT FOR FLORIDA

**Must be signed in the Presence of Notary.** Please note that all fields, including the boxes below, must be completed by the Notary Public or the document will be returned. This jurat must be used by notaries in Florida.

Signature of Declarant _____	____ / ____ / ____ MM DD YYYY
<b>Notarization is Required</b>	
State of Florida County of _____	
Sworn to (or affirmed) and subscribed before me by means of <input type="checkbox"/> physical presence or <input type="checkbox"/> online notarization, this _____	
day of _____, 20_____, by _____ (Insert Signor's Name, NOT Notary's Name)	
Signature of Notary Public _____	(Affix Seal or Stamp)
Print Name of Notary Public _____	
Please check one of the following (required): <input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification	
Type of Identification Produced _____	

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