

Merrill Account Number _____

Affidavit of Domicile

Merrill Account Number _____ - _____

All the fields provided below are required.

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 check one):

- 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 (legal residence) was:

Address		
City	State	Zip Code
Number of Years the Decedent Resided at This Address Prior to Death		

If the decedent resided in any other state during the three years prior to his or her death, I have listed those states 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.

MUST BE SIGNED IN PRESENCE OF NOTARY.

X _____ /_____/_____
Signature of Declarant MM DD YYYY

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

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.

X _____
Signature of Notary Public (Affix Seal or Stamp)

X _____
Print Name of Notary Public

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

Type of Identification Produced _____

X _____ /_____/_____
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
(Insert Signor's Name, NOT Notary's Name)
satisfactory evidence to be the person who appeared before me.

X _____
Signature of Notary Public (Affix Seal or Stamp)

X _____
Print Name of Notary Public

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

Type of Identification Produced _____

FOR CALIFORNIA

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Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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