



## AFFIDAVIT SUBSTANTIATING DECEDENT'S STATE OF DOMICILE AT DEATH

The following affidavit will be used by the Washington State Department of Revenue to help determine the state of residency of a decedent when the state of domicile is in dispute. This affidavit should be sworn to by a person having personal knowledge of the facts (i.e., surviving spouse, member of immediate family, personal representative, etc.).

Name of Decedent \_\_\_\_\_  
First Middle Last

Date of Death \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Where was the decedent's primary residence at the date of death? (city, state, country) \_\_\_\_\_

What was decedent's mailing address at the date of death? \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip Code

How long at this location? \_\_\_\_\_ To the best of your knowledge, what state did the decedent intend to reside in until the date of his/her death? \_\_\_\_\_

2. Did decedent reside in a nursing home in Washington at date of death?  Yes  No  
 Length of stay \_\_\_\_\_ Circumstances warranting stay \_\_\_\_\_

3. Did decedent own a home(s)?  Yes  No. If yes, give city and state: \_\_\_\_\_  
 Is the home currently being rented or leased?  Yes  No Is the home available for rent or lease?  Yes  No

4. On date of death, did decedent own real property, leasehold or tangible personal property located in the State of Washington?  Yes  No

5. Was decedent employed in Washington during the last five years prior to death?  Yes  No

6. Was decedent engaged in operating a business in Washington during the last five years prior to death?  Yes  No  
 Did decedent own any part of the business?  Yes  No  
 Please further describe decedent's participation: \_\_\_\_\_

7. Decedent's last federal income tax return prior to death was filed with which IRS Service Center?  
 \_\_\_\_\_ On what date? \_\_\_\_/\_\_\_\_/\_\_\_\_  
City State  
 Address shown on return \_\_\_\_\_  
Street Address City State Zip Code

8. Did decedent own or lease a motor vehicle(s)?  Yes  No  
 If yes, in what states were they registered? \_\_\_\_\_

9. Was decedent registered to vote?  Yes  No If yes, in what state was he/she registered? \_\_\_\_\_

10. Did the decedent hold a driver's license at date of death?  Yes  No For what state? \_\_\_\_\_

11. Did decedent hold any other types of licenses or permits at date of death?  Yes  No  
 Please list types and which states they were issued from: \_\_\_\_\_

*(Continued on back)*

12. Did decedent hold membership in any community or religious organizations, clubs or societies in Washington within the last five years?  Yes  No If yes, please list: \_\_\_\_\_

13. Did decedent rent any safe deposit boxes in Washington at date of death?  Yes  No

14. Did decedent visit Washington within five years prior to the date of death?  Yes  No If yes, please list location, date and reason for each visit:

Location	Date	Reason

15. Did the decedent declare a state of residence near the date of death?  Yes  No

Which state? \_\_\_\_\_

To whom was this declaration made? \_\_\_\_\_  
*First* *Last*

What was the approximate date of the declaration? \_\_\_\_/\_\_\_\_/\_\_\_\_

16. If out-of-state domicile is claimed, state any additional facts relied upon to support this claim. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned, reside at \_\_\_\_\_

My relationship to the decedent is \_\_\_\_\_. The above information is submitted under penalty of perjury in support of the statement that the above decedent was domiciled in the State of \_\_\_\_\_, city of \_\_\_\_\_, at the date of death.

Affidavit Preparer: X \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
*(name of person)*

is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument

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

\_\_\_\_\_  
*Signature of Notary Public*

**(SEAL OR STAMP)**

Residing at: \_\_\_\_\_

**Notary Public in and for the State of** \_\_\_\_\_

My appointment expires: \_\_\_\_/\_\_\_\_