



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: ____/____

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