

**Form Completion Instructions:  
Affidavit of Domicile (SLTR297)**

An **Affidavit of Domicile** (SLTR297) is a sworn statement used for the purpose of securing the transfer or delivery of property owned by the decedent at the time of his/her death when state regulations do not require a tax waiver. This form validates the decedent's place of domicile and warrants that all taxes, debts or claims against the estate have been satisfied. The representative of the deceased person's estate is typically the person who executes the affidavit of domicile.

Domicile is a person's permanent residence as opposed to a transitory residence; an individual may have many residences but only one domicile.

Snapshots of each section along with step-by-step instructions are provided to assist with the completion of this form.

**1. Decedent Information**

Decedent's First Name (print)      Decedent's Last Name (print)      Decedent's Account Number

Decedent's Social Security Number

Decedent Died At (location of death) (City, State)      Date of Decedent's Death (month/day/year)

Decedent's Address at the time of Death (Street Address, City State, Zip Code)

Provide the following information for the decedent of the account:

- Decedent's Name
- Decedent's Account Number
- Decedent's Social Security Number
- The location of where the decedent died (city and state)
- The date of death
- The complete address of where the decedent was living at the time of death

**2. Executor/ Administrator/ Surviving Tenant/ Beneficiary/ Other Information**

For the decedent named in **Section 1**, I am the:  Executor  Administrator  Surviving Tenant  Beneficiary  Other

Name of Executor/Administrator/Surviving Tenant/Beneficiary/Other (print) being duly sworn, depose and say that I reside at:

Street Address, City, State, Zip Code of Executor/Administrator/Surviving Tenant/Beneficiary/Other

The authorized individual for the decedent is to complete this section by providing the following information:

- Check the appropriate box indicating the title of the authorized individual for the account
- Print name of authorized individual
- The complete address of the authorized individual

**3. Signatures**

This affidavit is made for the purpose of securing the transfer or delivery of property owned by decedent at the time of his/her death to the person or persons legally entitled thereto under the laws of the decedent's domicile. If signing as Executor, Administrator or Surviving Tenant, I further certify that all debts, taxes and claims against the estate have been paid or provided for, and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

**Notary Public:**

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

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_, year \_\_\_\_\_, by \_\_\_\_\_

Signature of Executor/Administrator/Surviving Tenant/Beneficiary/Other \_\_\_\_\_ Date \_\_\_\_\_

Affiant's Name (print) \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ Commission Expiration Date \_\_\_\_\_ (SEAL)

Name of Notary Public (typed, stamped, printed) \_\_\_\_\_

- The authorized individual must sign and date this section.
- A notary public must witness the signature on this form and authorize with the date, stamp, seal and expiration date.

**If further assistance is needed in completing this form please contact your Foresters Financial representative or our Shareholder Services Department at 800-423-4026.**