

**Form 85 0045**

Audit Division  
Estate Tax Unit  
PO Box 47474  
Olympia WA 98504-7474  
360-704-5906

# Affidavit Substantiating Decedent's State of Domicile at Death

Washington State Department of Revenue will use this affidavit 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 (for example, surviving spouse, member of immediate family, personal representative, etc.).

First name of decedent:

Middle:

Last:

Date of death:

Social Security number:

1. Decedent's primary residence at the date of death:

City:

State:

Zip Code:

Country:

Decedent's mailing address at the date of death:

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 (WA) 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 WA? Yes No

5. Was decedent employed in WA 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

Yes

No

Describe decedent's participation:

7. Location of IRS Service center the decedent's last federal income tax return was filed prior to death:

City:

State:

On what date?

Street address shown on return:

State:

Zip:

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 were they registered?

10. Did the decedent hold a driver's license at date of death? Yes No

If yes, what state?

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11. Did decedent hold any other types of licenses or permits at date of death?    Yes    No

If yes, list types and which states they were issued from:

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, 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.

## Notarized signature

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.    Phone: \_\_\_\_\_    Ext: \_\_\_\_\_

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