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 ______________________________

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?

   City ___________________________ State ___________ Zip Code ____________

   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:

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<th>Location</th>
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<th>Reason</th>
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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:  ____ / ____ / ____

(SEAL OR STAMP)  

Residing at:  

Notary Public in and for the State of  

My appointment expires:  ____ / ____

For tax assistance call (360) 534-1503, option 2. To request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

REV 85 0045 (6/26/14)