

For Internal Use Only	
Branch No.	Account No.
0 5 2	0 8 0 2 0 7
FA/PWA No.	
2 2 2	

# Affidavit of Domicile and Debts

THE UNDERSIGNED, Claude Simon  
 PRINT NAME

, being duly sworn, deposes and states the following:

1. The name of the decedent is Vicki Simon
2. Decedent died on (date) 09/30/2018 at (city, state) Glen Cove, New York
3. At decedent's death, decedent resided at (city, state) Glen Cove, New York
4. Within three years prior to death, decedent was not a resident of another State. If this statement is not true and the decedent did reside in another State within three years prior to death, the prior address was:

STREET ADDRESS

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

5. That any and all debts, taxes and claims against the estate have been paid or provided for; that 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 a purchaser or the person or persons legally entitled thereto under the laws of decedent's domicile and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

6. The undersigned is:

Executor/Administrator/Personal Representative  
 Survivor of Joint Tenancy  
 Beneficiary  
 Other \_\_\_\_\_

Claude Simon  
 SIGNATURE OF PERSON DESIGNATED UNDER SECTION 6 ABOVE

CLIENT MUST SIGN BEFORE A NOTARY PUBLIC.

State of <u>New York</u>	} SS (SEAL)
County of <u>New York</u>	
My Commission Expires <u>6/28/2020</u>	3 day of <u>September</u> 20 <u>19</u>
Subscribed and sworn to before me by the above named individual on the	
<u>SONIA GARCIA</u> Notary Public - State of New York NO. 01GA6112017 Qualified in Orange County My Commission Expires Jun 28, 2020	

SIGNATURE OF NOTARY PUBLIC



NTSAFFDC

NAO

AFFIDAVIT OF DOMICILE AND DEBTS  
 (01/2017) NTSAFFDC

PAGE 1 OF 1  
 NY CS 8789153 01/17