

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)
)
IN THE MATTER OF:)
)
_____)
(Decedent))

IN THE PROBATE COURT
**AFFIDAVIT OF RESIDENCY (DOMICILE)
FOR DECEDENT**

CASE NUMBER: _____

The above-named Decedent was a resident of Greenville County residing at _____
_____, _____, S. C. _____ at the time of his/her death.

I understand residency (domicile) for the purpose of estate administration is the place of the Decedent's home, a place in which he/she was closely connected and would return after being absent, if physically able.

The address on the Death Certificate is the Decedent's:

- Nursing Home address
- Address of a Relative or Friend that Decedent was visiting with or living with due to an advanced illness
- Assignment via Armed Forces
- Address Decedent was physically located when he/she was hospitalized/died
- Prison address
- I do not recognize the address on the Death Certificate
- Other: _____

The Decedent was closely connected to the address in the first paragraph as follows:

(mark only those choices that apply to this Decedent and mark only those choices known to you of your own personal knowledge)

- Address is Decedent's house/condominium which he/she owns
- Address is Decedent's apartment which he/she rented
- Address is that of Decedent's mobile home which he/she owned
- Address is on Decedent's Voter's Registration Card
- Address is on Decedent's S. C. Driver's License, Automobile Registration, U.S. Passport, S. C. ID Card
- Address is the same address listed with Social Security Administration and Medicare
- Address is on Decedent's most recent state and/or federal tax return
- Address is where Decedent's surviving spouse, companion, or adult child continues to live
- Address is on file with Decedent's medical providers, insurers, creditors, bank and/or investment accounts
- _____ County Probate Court advised that the estate should be probated in Greenville County
- Other: _____

Based on the foregoing, I affirm that Greenville County, South Carolina, was the residence/domicile of the Decedent.

Executed this _____ day of _____, 20_____.

SWORN to before me this _____ day of _____, 20_____

Signature: _____
Print Name: _____
Address: _____

Notary Public for South Carolina
My Commission Expires: _____

Telephone (Work): _____
(Home): _____
(Cell): _____
E-mail: _____
Relationship to Decedent/Estate: _____