



> A BNY MELLON ASSET MANAGEMENT COMPANY™

# AFFIDAVIT OF DOMICILE

NOTE: This Affidavit must be completed and executed in the presence of a Notary.

State of \_\_\_\_\_ )  
:SS.:  
County of \_\_\_\_\_ )

\_\_\_\_\_ being duly sworn, deposes and says that she/he resides  
(NAME OF SURVIVING TENANT/EXECUTOR/ADMINISTRATOR/TRUSTEE)  
at \_\_\_\_\_ State of \_\_\_\_\_  
(STREET ADDRESS AND CITY) (STATE)

and is \_\_\_\_\_ of \_\_\_\_\_  
(IF CORPORATE FIDUCIARY, STATE TITLE OF AFFIANT AND NAME OF CORPORATION; OTHERWISE LEAVE BLANK)

Surviving Tenant/Executor/Administrator/Trustee of the Estate of \_\_\_\_\_, Deceased,  
(NAME OF DECEDENT)  
who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; that at the time  
(STREET ADDRESS, CITY, STATE, ZIP CODE) (DATE) (MONTH) (YEAR)  
of her/his death the domicile (legal residence) of decedent was at \_\_\_\_\_,  
(STREET ADDRESS AND CITY)

County of \_\_\_\_\_, State of \_\_\_\_\_; that decedent resided at such address for \_\_\_\_\_ years,  
(COUNTY) (STATE) (NUMBER OF YEARS)  
such residence having commenced on \_\_\_\_\_, \_\_\_\_\_; that decedent last voted in the year \_\_\_\_\_ at  
(MONTH, DATE) (YEAR) (YEAR)

\_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_; that decedent's principal place of  
(VOTING LOCATION) (COUNTY) (STATE)  
business at the time of his/her death was at \_\_\_\_\_, County of \_\_\_\_\_,  
(STREET ADDRESS AND CITY) (COUNTY)

State of \_\_\_\_\_; that decedent's most recent Federal income tax return showed her/his legal residence as  
\_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_; and that within  
(STREET ADDRESS AND CITY) (COUNTY) (STATE)

three years prior to the death decedent was not a resident of another State, except as stated.\*

Check one box:

- (i) To the best knowledge of affiant, the decedent owned no real or tangible personal property located in New Hampshire at the time of decedent's death; or
- (ii) To the best knowledge of affiant, the decedent owned real and/or personal property located in New Hampshire at the time of decedent's death;

Check one box:

- (i) To the best knowledge of affiant, the decedent owned no property subject to the Kentucky inheritance and estate tax at the time of decedent's death; or
- (ii) To the best knowledge of affiant, the decedent owned property subject to the Kentucky inheritance and estate tax at the time of decedent's death;

that all debts of and taxes and claims against the decedent's 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 of the Estate.\*\*

### FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Give official capacity of official administering oath.)  
My commission expires \_\_\_\_\_  
(Affix seal.)

**X**

\_\_\_\_\_  
(SIGNATURE)

\* If decedent resided in another State within three years prior to death, set forth the name of the State and facts as to change of residence and establishment of final domicile.

\*\* Delete this paragraph if the transfer is made to an executor, administrator or surviving jointtenant, or for the purpose of sale.

### MAILING INSTRUCTIONS

Mail this form and all enclosures to:  
**THE DREYFUS FAMILY OF FUNDS**  
P.O. Box 55263  
Boston, MA 02205-8501

For Registered, Certified or Overnight Mail, please mail to:  
**THE DREYFUS FAMILY OF FUNDS**  
30 Dan Road  
Canton, MA 02021-2809