

AFFIDAVIT OF DOMICILE

The following is an affidavit of decedent's legal residence at time of death to be filed by the beneficiary, surviving spouse, executor, administrator, personal representative, or legal representative for the estate. You may also be required to provide an Inheritance Tax Waiver. Check with the decedent's state of legal residency at the time of death for requirements.

SIT MUTUAL FUNDS (INCORPORATED IN THE STATE OF MN)

ACCOUNT NUMBER: _____

DECEDENT'S SOCIAL SECURITY NUMBER: _____

STATE OF: _____

COUNTY OF: _____

I, _____ being duly sworn, depose and state as follows:

Affiant (Your Name)

I reside at _____,

(Street address)

City of _____, County of _____

State of _____, and am the

(Please check one): beneficiary surviving spouse executor administrator personal representative legal representative

of (deceased) _____ who died on day of _____, _____, 20____.

(Name of decedent)

(day)

(month)

(year)

At the time of death, the decedent's legal residence (domicile) was in the

City of _____, County of _____

and State of _____; and had been the same for the last _____ preceding years.

If the decedent resided in another state within three years prior to their death, provide the previous residence and domicile below.

City of _____, County of _____

and State of _____.

This Affidavit is for the purpose of securing the transfer or delivery of the above-referenced account owned by the decedent at the time of his or her death to the person(s) legally entitled thereto under the laws of the state(s) of the decedent's domicile(s).

Signature

Date

(Affix Notary Seal)

Notary Public

Subscribed and sworn to before me this day

_____, _____ of, 20____.

(day)

(month)

(year)

Signature of Notary Public

My commission expires

_____, _____ of, 20____.

(day)

(month)

(year)