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## AFFIDAVIT OF DOMICILE

Account Number \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says: That \_\_\_\_\_  
(Name of Executor/Administrator/Personal Representative/Survivor/Atty) (he/she)

resides at \_\_\_\_\_, City of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_, State of \_\_\_\_\_ and is

\_\_\_\_\_ of the estate of \_\_\_\_\_ deceased,  
(Executor/Administrator/Personal Representative/Survivor/Atty)

who died on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

That the decedent died a legal resident of the State of \_\_\_\_\_ and was

a resident of this state for a period of \_\_\_\_\_ years immediately preceding \_\_\_\_\_ death.  
(his/her)

That the decedent executed no will or other instrument within two years prior to death in which he/she states that \_\_\_\_\_  
(he/she)

was not a resident of any state other than the State of \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Deponent, and capacity in which affidavit is signed)

State \_\_\_\_\_

County \_\_\_\_\_

Sworn to me before a Notary Public

this \_\_\_\_\_ Day of \_\_\_\_\_, Year \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Official Administering Oath)

My commission expires \_\_\_\_\_, Year \_\_\_\_\_.

Affidavit of decedent's legal residence at time of death filed by survivor, executor, administrator, personal representative or legal representative for the estate.