



Form M-NRA Massachusetts Nonresident Decedent Affidavit

**Massachusetts
Department of
Revenue**

To be used only for estates of nonresidents with dates of death on or after January 1, 2003.

| | | | | |
|--|-----------|---------------|------------------------|-----|
| Decedent's first name and middle initial | Last name | Date of death | Social Security number | |
| ▶ | | ▶ | ▶ | |
| Street address of residence or domicile at time of death | | City/Town | State | Zip |
| Probate court | | Docket number | | |
| Name of executor(s) (see instructions) | | | Designation | |
| Street address | | City/Town | State | Zip |
| Name of attorney(s) representing the estate (if any) | | | Telephone | |
| Street address | | City/Town | State | Zip |

Domicile Affidavit

This affidavit must be submitted in nonresident cases. It must be completed and sworn to by the surviving spouse or member of the immediate family of the decedent having personal knowledge of the facts; or, if such spouse or member of the immediate family does not possess such knowledge, then it must be submitted by some person having such personal knowledge. The affidavit must also be sworn to and signed by the executor, administrator or person having actual or constructive possession of the property, if any.

Every question must be answered. Write "not applicable" or "none," if necessary. Use additional pages if necessary.

The undersigned, _____, under penalty of perjury, makes the following statements, based on personal knowledge of the facts set forth herein, for the purpose of establishing the place of decedent's domicile at the date of death:

1 a Place where decedent was domiciled at date of death (city and state or country) _____

b Year domicile established _____

2 a Place of decedent's death _____
(Attach copy of death certificate) Home, hospital, etc. City/Town State

b Place of burial _____

c Residence address at death _____

d Date and place of birth _____

3 What is your relationship to decedent? _____

4 What are the names and residence addresses of decedent's surviving spouse and members of the immediate family including children and parents? If none of the above, list brothers and sisters.

(Attach separate listing if necessary.)

5 Did the decedent leave a will? Yes No. If yes, name the court(s) which admitted the will to probate, the docket number, the date admitted and also the court(s) which allowed ancillary administration.

(Attach an attested copy of the will and petition for probate of will listing the heirs at law unless filed previously.)

6 If the decedent did not leave a will, has an administrator of the estate been appointed? Yes No. If yes, name each court which appointed an administrator or ancillary administrator and indicate the date of appointment for each.

(Attach an attested copy of the petition for administration listing the heirs at law unless filed previously.)

7 Did the decedent ever live in Massachusetts? Yes No. If yes, during what period(s)?

8 Indicate the address, nature of decedent's places of residence (e.g., house rented or owned, apartment, hotel or home of relatives or friends) and lengths of periods outside Massachusetts during the five years preceding death.

9 Indicate the address, nature of decedent's places of residence and lengths of periods in Massachusetts during the five years preceding death.

10 Where and in what years did the decedent vote or register to vote during the five years preceding death?

11 To what state, county or municipality and in what years did the decedent pay a tax on income, real estate, or on intangible property during the last five years?

12 For which taxable year did the decedent last file a Massachusetts income tax return? _____

13 In what office(s) of the Internal Revenue Service did the decedent file his federal income tax returns during the five years preceding death? What was stated therein to be the decedent's residence?

14 What was the decedent's occupation in the five years preceding death? _____

Give name and address of employer. If self-employed, indicate same; if in partnership, give the name and address of the firm and the individual partners. If decedent owned a business, give details.

15 Did the decedent make application for a passport within the last five years? Yes No. If yes, give date(s) and place(s) and home address on application.

16 Did the decedent at any time during the five years preceding death execute a will, codicil, trust indenture, deed, mortgage, lease or any other document in which decedent was described as a resident of Massachusetts? Yes No. If yes, describe such document and state what residence address(es) were set forth therein.

17 Was the decedent a party to any legal proceeding in Massachusetts during the last five years? Yes No. If yes, what was the tribunal, date and type of action?

18 Did decedent belong to any church, lodge, or other social, fraternal or religious club or organization in Massachusetts? Yes No. If yes, give name, address, positions held, membership status, etc.
