

DECLARATION CONCERNING RESIDENCE

STATE CONTROLLER'S OFFICE
 LOCAL GOVERNMENT PROGRAMS AND SERVICES DIVISION
 BUREAU OF TAX PROGRAMS
 P. O. BOX 942850
 SACRAMENTO, CA 94250-5880

Name of Decedent

Social Security Number

Date of Death

The State Controller's Office requires this form to be completed for the purposes of establishing residency for the decedent. These questions are in accordance with the Estate Tax Regulations, section 1138.29 (Evidence of Intent). This document must also be completed if the decedent was not a California resident and had real or tangible personal property located in California. The undersigned, under penalty of perjury, makes the following statements:

1. What was the decedent's *legal* residence at the date of death? (City and State or Country)

a. Decedent's street address: _____

b. Type of abode maintained at that address (home, apartment, hotel room, etc.)

c. Did the decedent maintain these quarters while in California? () Yes () No

2. Where was the decedent's *physical* residence at the date of death? (City and state or country)

3. Did the decedent own a home? () Yes () No If yes, give city and state.

4. When and where was the decedent last employed or actively engaged in business?

5. When and where did the decedent last vote?

6. For what year did the decedent last file a federal income tax return?

7. Where and in what state did the decedent last file a state income tax return?

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8. Did the decedent own an automobile? () Yes () No If yes, in what state was it registered?

9. Did the decedent belong to a church, lodge, or other social fraternal or religious club or organization in California? () Yes () No. If yes, give name and addresses of such clubs or organizations.

10. Did the decedent spend any time in California in the five years immediately prior to his/her death? () Yes () No. If yes, give the approximate dates, addresses, and purpose for being in California.

11. Use the following space to give any additional information in your possession bearing upon the questions of the decedent's residence at the date of death.

To the best of my knowledge, I declare, under penalty of perjury, that all the foregoing is true and correct.

Executor's/Trustee's Name:

Address:

Signature:

Date:

Relationship to decedent:

Note: Declaration must be notarized if signed outside the State of California. (Rev. 12/2022)