

DECLARATION OF DOMICILE

This is my Declaration of Domicile in the State of Florida that I am filing this day in accordance, and in conformity with Section 222.17. Florida Statutes.

I / We, _____ was formerly a legal resident of _____
(please print name)
_____ and I/We resided at _____
(City and State) (street address)
however, I/We have changed my/our domicile to and have been a bona fide resident of the State of Florida since the _____ day of _____, 20_____.

I/We now reside at _____ Flagler County, Florida and this
(street address)
statement is to be taken as my declaration of actual legal residence and permanent domicile in this State and County to the exclusion of all others, and I will comply with all requirements of legal residents of Florida.

I/We hereby declare that my/our above-described residence and abode in the State of Florida constitutes my/our predominant and principal home, and I/We intend to continue it permanently as such.

I/We understand that as a legal resident of Florida: I am/We are subject to intangible taxes; I/We must purchase Florida license plates for motor vehicles, if any, owned by me and/or my spouse; I/We must vote in the precinct of my legal domicile (if I vote), and that my/our estate will be probated in the Florida Courts.

I was born in the USA: Yes _____ No _____ Place of birth: _____

Naturalized Citizen _____ Where: _____ Date: _____ No.: _____

Permanent Visa: Yes _____ No _____ Date _____ No.: _____

State of Florida
County of Flagler

(Signature)

(Print name)

(Mailing address)

The foregoing instrument was acknowledge before me this _____ day of _____, 20_____
By _____, who is personally know to me or has produced _____ as identification and who did/did not take an oath.

(Signature of Notarizing or Attesting Official)

Name: _____

Title: _____

Serial #: _____

My commission expires on: _____

Declaration of Domicile

I was born in the USA: Yes _____ No _____ Place of birth: _____

Naturalized Citizen _____ Where: _____ Date: _____ No.: _____

Permanent Visa: Yes _____ No _____ Date _____ No.: _____

State of Florida
County of Flagler

(Signature)

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By _____, who is personally know to me or has
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(Signature of Notarizing or Attesting Official)

Name: _____

Title: _____

Serial #: _____

My commission expires on:

Penalty for perjury----up to 5 years in state prison----(Section 837.01, Florida Statutes)