

**PREPARED BY & RETURN TO:**

\_\_\_\_\_  
First & Last Name of Preparer

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
City, State, Zip Code and/or Country

\_\_\_\_\_  
**PARCEL ID (IF APPLICABLE)**

**DECLARATION OF DOMICILE**

I/We, \_\_\_\_\_, hereby declare that I/we am a bona fide resident of the State of Florida, residing in and maintaining an abode at:

\_\_\_\_\_  
*Street Address, City, County, State & Zip Code*

Prior to this declaration, I formerly resided at:

\_\_\_\_\_  
*Street Address, City, County, State & Zip Code*

The place(s) where I maintain a secondary or other places of abode are as listed:

\_\_\_\_\_  
*Street Address, City, County, State & Zip Code*

\_\_\_\_\_  
*Street Address, City, County, State & Zip Code*

\_\_\_\_\_  
Signature of First Declarant

\_\_\_\_\_  
Signature of Second Declarant

\_\_\_\_\_  
Printed Name of First Declarant

\_\_\_\_\_  
Printed Name of Second Declarant

STATE OF FLORIDA        }  
COUNTY OF OSCEOLA    }

SWORN TO (OR AFFIRMED) and subscribed before me by means of  physical presence or  online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is/are  personally known or  produced \_\_\_\_\_, as identification.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Expiration of Commission