

FORM C-3
STATE OF CONNECTICUT
DOMICILE DECLARATION

Decedent's Name (Last, First, Middle Initial)	Date of Death	Probate Court
Decedent's Residence on Date of Death (Street Address)		Connecticut File Number, If Known
City	State	ZIP Code
Social Security Number		

General Instructions: Generally, whenever a decedent is claimed to be a nonresident of Connecticut, the fiduciary of the decedent's estate must file a State of Connecticut Domicile Declaration. All questions must be answered fully to be considered a complete declaration. If the Probate Court judge certifies that there is no succession tax due, and the estate is not required to file federal Form 706, *United States Estate (and Generation Skipping Transfer) Tax Return*, the Domicile Declaration is only filed upon request from the Department of Revenue Services. If you need more room to fully answer the questions below, please attach additional statements as needed.

1. What is your relationship to the decedent? _____
2. Did the decedent ever live in Connecticut? Yes No
3. Did the decedent live part of the year in Connecticut and part of the year outside of Connecticut? Yes No
4. Identify and describe each place of residence of the decedent for the five years preceding death. Indicate whether the decedent lived in a house that was rented or owned, apartment, condominium, hotel, nursing home, or in the home of relatives or friends. State the assessed and fair market value of Connecticut real estate owned by the decedent for the year of death.

Date From - To	Town	State	Owned or Rented	Other (please describe)	Assessed Value	Fair Market Value	Part Year	Full Year

5. Where, and in what years, did the decedent vote or register to vote during the five years preceding death?
6. Identify in which state(s) or political subdivisions of state(s) the decedent filed tax returns or paid tax on real or personal property during the five years preceding death. Include the year(s) for which the returns were filed or tax was paid. If an income tax return was filed, note whether it was a resident or nonresident return filed.

Tax Year(s)	State or Political Subdivision	Tax Type	Resident or Nonresident

7. Did the decedent file federal income tax returns? Yes No
 If so, what was the decedent's address on the returns?

8. Was the decedent employed or engaged in a business or profession in the five years preceding death? Yes No
If yes, state when, the location and nature of the business or profession.
9. Did the decedent execute a will, codicil, trust indenture, deed, mortgage, lease or any other document in the five years preceding death in which the decedent was described as a resident of Connecticut? Yes No
If yes, give dates and facts and attach a copy of the last will.
10. Was the decedent a party to any legal proceedings in the State of Connecticut during the last five years? Yes No
If yes, explain fully.
11. Did the decedent hold membership in any religious organizations, clubs or societies in Connecticut in the five years preceding death? Detail the facts.
12. Did the decedent maintain a safe-deposit box in the State of Connecticut at any time within the five years preceding death? Yes No
If yes, where was the safe-deposit box maintained?
13. Did the decedent hold a Connecticut driver's license at any time within five years preceding death? Yes No
If yes, give dates.
14. Was an automobile registered in the decedent's name in Connecticut at any time within five years preceding death? Yes No
If yes, give dates.
15. Was the decedent hospitalized in Connecticut at any time within five years preceding death? Yes No
If yes, where and when?
16. Did the decedent undergo medical treatment or examination in Connecticut at any time within the five years preceding death? Yes No
If yes, furnish name and address of the doctor or hospital.
17. Give the place of the decedent's death and burial. Attach a copy of the death certificate.
18. Has the decedent's domicile been questioned in any other jurisdictions? Yes No
If yes, state where, the facts disclosed to the other jurisdiction, and the decision reached.
19. If out-of-state domicile is claimed, state facts relied upon to support this claim.
20. Give an estimate of the gross value of the estate, wherever located. \$ _____

Attorney or Authorized Representative's Name	Law Firm Name
Street Address	Phone Number
City, State	ZIP Code
I declare under the penalties of false statement that I have examined this return and to the best of my knowledge and belief it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousand dollars, or both.)	
Fiduciary's Name	Signature of Fiduciary
Street Address City State	ZIP Code
Phone Number ()	
DRS Use Only - Determination	Signed