



AFFIDAVIT OF DOMICILE

STATE OF _____)

)SS:

COUNTY OF _____)

_____, being duly sworn deposes and says that
he/she resides at _____, State of
_____ and is executor/administrator of the estate of
_____ deceased, who died on the _____ day of _____
20_____; at the time of his/her death the domicile (legal residence) of said decedent was

(address), County of _____, State of _____ for
_____ years prior to death, and was not a resident of any other State (other than that of his/her domicile) within
the United States of America, at the time of death.

This affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of or
owned by said decedent at the time of his/her death.

(EXECUTOR/ADMINISTRATOR/SURVIVOR/HEIR)

Subscribed and sworn to before me
this _____ day of _____, 20_____

(NOTARY PUBLIC)

My commission expires _____