



Affidavit Of Domicile

State Of: _____

County Of: _____

_____, being duly sworn, deposes and says: I reside at _____ street, city of _____, and am Executor/Administration/Survivor _____ of _____, deceased, who died on the _____ day of _____, 20 _____. At the time of the death the legal residence of said decedent was _____ street, City of _____, county of _____, state of _____. He / She resided in the 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 of the following described security owned by said decedent at the time of death.

_____ shares _____

Said security was physically located in the city of _____, state of _____, at the time of death of decedent.

Sworn to or affirmed before me this

_____ day of _____, 20 ____

My commission expires: _____

(Signature of Deponent)

Affix Seal

