

AFFIDAVIT OF DOMICILE

STATE OF)
) ss:
COUNTY OF)

_____, being duly sworn, deposes and says: I reside at _____, City of _____, County of _____, State of _____ and am Executor/Administrator/survivor of _____, deceased, who died on the ____ day of _____, 20____. At the time of death the legal residence of said decedent was _____, City of _____, County of _____, State of _____. He/She resided in the State of _____ for ____ years prior to death.

This affidavit is made for the purpose of securing the transfer of the following described securities owned by said decedent at the time of death._____.

That the said securities were physically located in the City of _____, State of _____ at the date of the death of decedent.

Sworn to or affirmed
before me this _____
Day of _____ 20____

My Commission expires _____
(Affix Seal)

Signature of Deponent