



AFFIDAVIT OF DOMICILE

State of _____)
County of _____) **SS.:**

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

Please Sign and Date Below

X _____
Signature of Executor/Administrator/Survivor/Heir Date

Notary Public:

Sworn to before me this _____ day of _____, 20_____

X _____
Signature of Notary Public

Date Commission Expires

(Notary Public - Affix Seal)