



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 _____, County of _____, State of _____, for _____ years prior to the 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)

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

(Notary Public – Affix Seal)

My commission Expires _____.

(Rev. 07/14)