



Affidavit of Domicile

State of: _____ County of: _____

Name of Stock: (Issuer): _____

Name(s) on the Account: _____ Name(s) on the Account: _____

Deceased Holder's Tax Identification Number (TIN) or Social Security Number _____

I / We, the undersigned _____ being duly sworn, depose and say that (I/we) reside at _____ in the state of _____ and/am are _____ (describe your status such as Executive Administrator, Survivor in Joint Tenancy, if a corporate fiduciary show title of affiant and name of corporation) of _____ who died on the _____ day of _____, 20 _____ that at the time of death the domicile (legal residency) of said decedent was at _____ County of _____, State of _____ that the decedent reside at such address for _____ years prior to death and was not a resident of any (other) State within the United States of America at the time of death.

That any and all debts, taxes, legacies and claims against the estate have been paid or provided for; that this affidavit is made for the purpose of securing the transfer or delivery of property owned by the decedent at the time of his/her death to a purchaser or the person or persons legally entitle thereto under the laws of the decedent's domicile; and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

Place Notary Seal Here

Signature(s): (Executor, Administrator, or Survivor)

Sworn to before me, a notary public this
_____ Day of _____, 20_____

Notary Public Commission Expires: _____