

State of _____

AFFIDAVIT OF DOMICILE

I, _____, being duly sworn, hereby affirm under penalty of perjury, on this ___ day of _____, 20___, that I am the: (Check one)

- Executor
- Administrator
- Heir
- Survivor

of the Estate of _____ (the "Decedent"). The purpose of this affidavit is to secure the transfer or delivery of securities registered in the name of the Decedent at the time of their death. As exhibits to this affidavit please find a list of the securities owned by the decedent, as well as a Certificate of Death.

The Decedent died on _____, 20___. At the time of death, the Decedent's legal residence was _____, _____, County of _____, State of _____.

Decedent lived at this residence for _____ years prior to death and was not a resident of any other State within the United States of America at that time. Decedent's social security number is _____.

Affiant



