

AFFIDAVIT OF DOMICILE

To be completed for decedent transfers only.

Account Name: _____ Account Number: _____

Name of Stock: _____

Deceased Holder's Taxpayer Identification or Social Security Number: _____

The undersigned, _____

residing at _____

being duly sworn, deposes and says that he/she is _____

Describe your status, i.e. Executor, Administrator, Survivor in Joint Tenancy, etc.

(If a corporate fiduciary show title of affiant and name of corporation)

of (the estate of) _____

who died on _____

that at the time of death the domicile (legal residence) of said decedent was at

and that (s)he resided in the State of _____

for _____ years prior to death and was not a resident of any (other) state within the United States of America at time of death.

Signature: _____

Sworn to before me, a notary public, this

AFFIX SEAL

_____ day of _____, 20 _____

Signature: _____

(official administering oath)

Title: _____

My commission expires _____