



AFFIDAVIT OF DOMICILE

STATE OF _____)SS:

COUNTY OF _____)

I, _____, 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

_____,
(address)

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

Subscribed and sworn to before me
this _____ day of _____, 20_____

(NOTARY PUBLIC)

My commission Expires _____

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF DOMICILE

PLEASE PRINT ALL INFORMATION CLEARLY

- 1.** Enter the State where this Affidavit is completed and sworn to before a Notary.
- 2.** Enter the **County** where this Affidavit is completed and sworn to before a Notary.
- 3.** Enter the **full name of the Executor / Administrator / Personal Representative or Survivor.**
- 4.** Enter the **legal address of the Executor / Administrator / Personal Representative or Survivor.**
- 5.** Enter the **full name of the deceased owner.**
- 6.** Enter the **date of death for the deceased owner.**
- 7.** Enter the **legal residence of the deceased owner.**
- 8.** Official **Notary Public** to complete Certification and affix **Seal.**
- 9.** Enter the signature of the **Executor / Administrator / Personal Representative or Survivor**, including **capacity.**