

AFFIDAVIT OF DOMICILE

STATE OF: _____

Social Security Number
of Decedent: _____

COUNTY OF: _____

_____, being duly sworn, deposes and says:

YOUR NAME HERE

I reside at Address _____

City _____ State _____ Zip Code _____

and I am (**PLEASE CIRCLE ALL THAT APPLY**) - Executor / Administrator / Personal Representative /
Surviving Tenant / Surviving Spouse / Trustee / Beneficiary under TOD of:

_____ - Deceased.

The date of death was: _____
(Month) (Day) (Year)

At the time of death, the domicile (legal residence) of said decedent was:

Address _____

City _____ State _____ Zip Code _____

The decedent 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 the time of death.
This affidavit is made for the purpose of securing the transfer of the following described
securities owned by said decedent at the time of death: _____ shares of the
common stock of the Procter & Gamble Company, and that said securities were physically
located in the City of: _____, State of _____ at the
time of death.

Signature of Deponent

Print Name

Sworn to, or Affirmed before me
this ____ day of _____, 20____.

AFFIX SEAL _____

Notary Public

My commission expires _____