

## **AFFIDAVIT OF DOMICILE**

STATE OF		)	
COUNTY OF		) ) SS: )	
		, being duly sworn deposes and says	
that he/she resi	ides at	,	
State of		and is executor/administrator of the estate of	
		deceased, who died on the day	
of,	20; at the	e time of his/her death the domicile of said decedent was	
		, County of,	
State of	, that t	, that this affidavit is made for the purpose of securing the	
transfer or deli	ivery of securities	registered in the name of or owned by said descendent at	
the time of his/	her death. Affian	t further says that the certificates for said shares were	
physically located in the city of		, County of,	
State of		, at the date of death of the said descendent.	
		(Executor/Administrator/Survivor/Heir)	
Sworn to befor	e me this		
day of	, 20		
(Notary Public	– Affix Seal)		
My commission	n Expires		
(Rev. 10/02)			