

**AFFIDAVIT OF DOMICILE**

STATE OF  
SOCIAL SECURITY  
COUNTY OF

\_\_\_\_\_, being duly  
sworn,

deposes and says: I reside at \_\_\_\_\_, City of  
\_\_\_\_\_,

County of \_\_\_\_\_ State of \_\_\_\_\_, and am Executor

survivor of \_\_\_\_\_, deceased, who died on the \_\_\_\_\_ day of  
\_\_\_\_\_,

20\_\_\_\_\_. At the time of death the legal residence of said decedent was  
\_\_\_\_\_,

City of \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_.

He/She resided in the State of \_\_\_\_\_ for \_\_\_\_\_ years prior to death, and was not a  
resident of \_\_\_\_\_, or any State (other than that of his/her Domicile) within the  
State of Incorporation

United State 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  
\_\_\_\_\_

That the said securities were physically located in the City of  
\_\_\_\_\_,

State of \_\_\_\_\_ at the date of the death of the decedent.

\_\_\_\_\_  
Signature of Deponent

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public