Affidavit of Domicil e

SAL FINANCIAL SERVICES, INC A STERNE, AGEE & LEACH GROUP COMPANY

| STATE OF | | | |
|--|----------------------|--|---------------|
| COUNTY OF | | | |
| | | D :1: | |
| | | Residing | at |
| am | (Evacut | , being duly sworn, deposes and sa | lys mai i |
| | | who died on | and at |
| that time of death the domicile of said dec | cedent was at | years prior to death and was not a residence. | |
| | | | and that |
| (s)he resided in the State of any other state within the United States of income tax return, which was for the yea | f America at the tii | me of death. The decedent filed his/her last feder | ent of ral |
| | | (Signature) | |
| | | (Printed Name) | _ |
| | | (Executor/Administrator) | _ |
| | | (Date) | _ |
| SWORN BEFORE ME, A NOTARY F | | | |
| (Signature) My Commission Expires: | | | |
| wry Commission Expires. | | | |