

County of \*

State of \*

\_\_\_\_\_ duly sworn, deposes and says that he/she is ("X" one)

☐ Survivor of Joint Tenancy ☐ Personal Representative ☐ Other \_\_\_\_\_☐ Executor/Executrix ☐ Administrator/Administratrix

of the estate of \_\_\_\_\_, deceased

and resides at \_\_\_\_\_.

That he/she was well acquainted with deceased during said deceased's lifetime, that at the time of death, which occurred on \_\_\_\_\_ the residence and domicile of the deceased was in the State of \_\_\_\_\_, that the deceased did not dwell or lodge

in any State other than \_\_\_\_\_, during or for the greater part of any period of twelve consecutive months in the twenty-four months immediately preceding his/her death and further, that deceased did not, within one year prior to his/her death, execute any formal instrument or a last will in which he/she declared he/she was a resident of any other state, and that he/she is familiar with the administration of said estate.

That all prior legacies, debts, funeral expenses, inheritance, transfer and other taxes and administration expenses of the said decedent's estate have been paid for or otherwise amply provided for so that the

shares of stock registered in the name of \_\_\_\_\_

\_\_\_\_\_ are entirely free for transfer and distribution.

This affidavit is made for the purpose of having shares of \_\_\_\_\_ transferred as requested, and if the transfer constitutes an apparently uneven distribution, the matter has been equalized by the distribution of other securities or in some other manner.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

Affix Seal

\*County and State refer to location of notarization only.