## **T** LPL Financial

## **Affidavit of Domicile**

Instructions: Use this form to complete legal transfers of securities upon the death of an owner. This form verifies residency of the deceased at the time of death and must be notarized. Mail the completed form to LPL, Attn: Custody Department, P.O. Box 502210, San Diego, CA 92150-2210.

			Number	
,	Account Registration			
-	The account named above is held in the foll	lowing:		
;	State	County		
(	This affidavit is made for the purpose of transferring shares of the security named below as requested. If the transfer constitutes an apparently uneven distribution, the matter has been equalized by the distribution of other securities or in some other manner.  Full Name of Security			
	At the time of death, the securities describe City	ed above were physically loc  County		tate
Ī	Gity	County	3	tate
l				
	Administrator  Executor  Survivor			
	Executor Survivor Other of the Estate of:			
	Executor Survivor Other			
[	Executor Survivor Other of the Estate of:  Name of Decedent		reased during said dece	ased's lifetime: that at the time of dea
[	Executor Survivor Other of the Estate of:  Name of Decedent  The undersigned further states that she/he wa	s well acquainted with the dec		
[	Executor Survivor Other of the Estate of: Name of Decedent  The undersigned further states that she/he wa which occurred on Date	s well acquainted with the dec	f the deceased was in th	ne State of
[	Executor Survivor Other of the Estate of:  Name of Decedent  The undersigned further states that she/he wa which occurred on Date during or for the greater part of any period of the	s well acquainted with the dec the residence and domicile of welve consecutive months in t	f the deceased was in th the 24 months immediat	ne State of tely preceding (circle one) his / her
[]	Executor Survivor Other of the Estate of:  Name of Decedent  The undersigned further states that she/he wa which occurred on Date during or for the greater part of any period of to death; and further, that the deceased did not, to	the residence and domicile of welve consecutive months in twithin the year prior to death, e	f the deceased was in th the 24 months immediat execute any formal instr	ne State of tely preceding (circle one) his / her ument or last will in which he declare
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