

# AFFIDAVIT OF DOMICILE FORM

## I. ACCOUNT INFORMATION

ACCOUNT TITLE: \_\_\_\_\_ ACCOUNT NUMBER: 

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## II. DECEDENT'S INFORMATION

I, \_\_\_\_\_ being duly sworn, state that: I reside at  
(Name of Executor Survivor)  
\_\_\_\_\_, City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_,  
(Street Address)  
and I am Executor survivor of \_\_\_\_\_, deceased,  
(Name 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 \_\_\_\_\_,  
(Street Address)  
He/She resided in the State of \_\_\_\_\_ for \_\_\_\_\_ years prior to death, and was not a resident of \_\_\_\_\_  
(State of Incorporation)  
or any state (other than that of his/her domicile) within the United State of America, at the time of death. This affidavit  
is the purpose of securing the transfer or delivery of the following described securities. At the time of death, the  
decedent owned \_\_\_\_\_ Shares of \_\_\_\_\_  
(Number of Shares) (Name of Security)  
and the said securities were physically located in the City of \_\_\_\_\_, State of \_\_\_\_\_.

## III. SIGNATURE

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

INTRODUCING BROKER-DEALER NAME: \_\_\_\_\_

### RETURN COMPLETED FORM TO:

Hewitt Financial Services  
PO Box 563901  
Charlotte, NC 28262-3901

