



1 Account Information		
Account Holder: First Name, Middle Initial	Last Name	Account Number

2 Decedent's Information	
I, _____, being duly sworn, state that I reside at: _____, <small>(Executor/Survivor)</small> <small>(Street)</small> City of _____, County of _____, State of _____. I am the Executor/Survivor of: _____, who died on the _____ day of _____, 20____. <small>(Name of Deceased)</small> At the time of death, the legal residence of said decedent was _____, <small>(Street)</small> City of _____, County of _____, State of _____. Decedent resided in the State of _____ for _____ years prior to death and was not a resident of _____ or any state (other than decedent's domicile) within the United States <small>(State of Incorporation)</small> of America.	

3 Decedent's Securities Information		
This affidavit is made for the purpose of securing the transfer or delivery of the following described securities. At the time of death, the decedent owned:		
NUMBER OF SHARES OF SECURITY	CLASS OF SECURITY	NAME OF THE SECURITY

4 Authorized Signatures	
The above-mentioned securities were physically located in the City of _____, State of _____ on the date of decedent's death.	
1 _____ <small>SIGNATURE OF EXECUTOR/SURVIVOR</small>	_____ <small>PRINTED NAME OF EXECUTOR/SURVIVOR</small>
	_____ <small>DATE</small>

5 Notary Seal	
Sworn to and before me this _____ day of _____, 20 _____. 2 _____ <small>SIGNATURE OF NOTARY</small>	After you have completed, signed, and have notarized this form, return it to: _____ <small>MY COMMISSION EXPIRES</small>
Notary - Affix Stamp Here 	