charles SCHWAB

Affidavit of Domicile

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Investment Advisor ("IA") Information (This portion to be o	completed by IA.)				
IA Firm Name (please print):						
IA Master Account Number:			Service	_ Service Team:		
1. Decedent Information						
Schwab Account Number						
Account Holder's First Name	Middle		Last			
Decedent died on:						
At the time of death, decedent's residence a	and domicile was:					
Home Street Address (no P.O. boxes, please)		City		State	Zip Code	
If the decedent resided in any other state(s)	during the past three	e years, please list s	tate(s):			
2. Authorized Representative Informat	ion					
First Name	Middle		Last			
Home Street Address (no P.O. boxes, please)		City		State	Zip Code	
I am the (please check one): Executor Administrator Surviving Tenant of the Account Holder n	amed in Section 1					
Other (please specify)						

3. Affirmations

Any and all debts of the deceased, claims against the estate, administration expenses, inheritance and estate taxes, and legacies having priority have been provided for or paid.

This affidavit is made for the purpose of securing the transfer or delivery of property owned at the time of the decedent's death to a purchaser or the person or persons legally entitled thereto under the laws of the state of the decedent's domicile. Any apparent inequality in distribution is appropriate, whether because of the manner of distribution of other estate assets, the provisions of the estate plan or other factors.



4. Signature of Authorized Representative

I, as the Authorized Representative indicated in Section 2, duly swear or affirm that the information in Section 1 is correct and true. I have read carefully and I understand the Affirmations in Section 3.

		Date	
Signature: Authorized Representative	Print Name		(mm/dd/yyyy)

5. Notarization

Note: The Authorized Representative's signature must be notarized.

State of,	County of	(NOTARY SEAL)
Subscribed and sworn to (or affirmed) before me on	this day of , 20 ,	
by	, proved to me on the basis of satisfactory evidence to be	
the person(s) who appeared before me.*		
WITNESS my hand and official seal.		
Notary Public(Signature of Notarizing Officer)	Expiration Date (mm/dd/yyyy)	
*Notaries outside of California may attach the appr		