

Investment Advisor ("IA") Information (This portion to be completed by IA.)

IA Firm Name (please print): _____

IA Master Account Number: _____ Service Team: _____

1. Decedent Information

Schwab Account Number

Account Holder's First Name Middle Last

Decedent died on: _____
(mm/dd/yyyy)

At the time of death, decedent's residence 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 years, please list state(s):

2. Authorized Representative Information

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 named 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.

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

5. Notarization

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

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