

AFFIDAVIT OF DOMICILE

STATE OF)) SS:
COUNTY OF) SS:
	, being duly sworn deposes and says
that he/she resides at	,
State of	and is executor/administrator of the estate of
	_ deceased, who died on the day
	me of his/her death the domicile of said decedent was, County of,
State of, that this	affidavit is made for the purpose of securing the
transfer or delivery of securities reg	istered in the name of or owned by said descendent at
the time of his/her death. Affiant fu	rther says that the certificates for said shares were
physically located in the city of	, County of
State of,	at the date of death of the said descendent.
	(Executor/Administrator/Survivor/Heir)
Sworn to before me this	_
day of, 20	_•
(Notary Public – Affix Seal)	
My commission Expires	_•
(Rev. 10/02)	