

AFFIDAVIT OF DOMICILE

State of _____)
County of _____) ss;

_____, duly sworn, deposes and says; that ___he is Administrator_____, Executor_____, Survivor of the Estate of _____ and resides at _____ that ___he was well acquainted with deceased during said deceased’s lifetime; that at the time of death, which occurred on _____, that deceased did not dwell or lodge in any state other than _____, during or for the greater part of any period of twelve consecutive months in the twenty-four months immediately preceding _____ death; and further, that deceased did not, within one year prior to death, execute any formal instrument or last will in which ___he declared ___he was a resident of any other state; and that ___he is familiar with the administration of the estate. The deceased filed _____ last Federal Income Tax return (for the year _____) as a resident of the State of _____.

That all prior legacies, debts, funeral expenses, inheritance, transfer, and other taxes and administration expenses of the said estate have been paid or otherwise amply provided for, so that the shares of stock registered in the name of the decedent are entirely free for transfer and distribution.

That at the time of death, the securities described below were physically located in the City of _____, State of _____.

This affidavit is made for the purpose of having shares of _____

transferred as requested, and if the transfer constitutes an apparently uneven distribution, the matter has been equalized by the distribution of other securities or in some other manner.

Sworn to and subscribed before me this _____ day of _____, 20_____
