AFFIDAVIT OF DOMICILE

STATE OF_____)
)SS:
COUNTY OF_____)

_____,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 of_____ 20_____; at the time of his/her death the domicile of said decedent was_____,
(ADDRESS)
county of _____, State of _____, that this affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of or owned by said decedent at the time of his/her death. Affiant further says that the certificates for said shares were physically located in the city of _____ County of _____ State of _____, at the date of the death of the said decedent.

_____
(EXECUTOR/ADMINISTRATOR/SURVIVOR/HEIR)

Suscribed and sworn to before me
this_____ day of _____, 20_____

_____
(NOTARY PUBLIC)

My commission Expires _____