

ACCOUNT NUMBER: _____

AFFIDAVIT OF DOMICILE

STATE OF: _____

COUNTY OF: _____

_____, being duly sworn, deposes and says: I reside at _____ street, city of _____, and am Executor/Administrator/survivor of _____, deceased, who died on the ___ day of _____, 20___. At the time of the death the legal residence of said decedent was _____ street, city of _____, county of _____, State of _____. He/She resided in the State of _____, for ___, years prior to death, and was not a resident of _____ (State of Incorporation of the Stock) or any State (other than that of his/her Domicile) within the United States of America, at the time of death.

This affidavit is made for the purpose of securing the transfer of the following described security owned by said decedent at the time of death.

_____ Shares _____ . Said Security was physically located in the City of _____, State of _____ at the date of the death of decedent.

Sworn to or affirmed before me this

_____ Day of _____, 20__

my commission expires: _____

affix seal

Deponent Signature