

Affidavit of Domicile

State of _____

County of _____

Name of Stock _____

Name(s) on Account _____

Deceased Holder's Tax Identification Number or Social Security Number _____

I/We, the undersigned _____, being duly sworn, depose and say that (I/we) reside at _____ in the State of _____, and am/are _____ (describe your status: Executor, Administrator, Survivor in Joint Tenancy, if a corporate fiduciary show title of affiant and name of corporation) of (the estate of) _____ who died on the _____ day of _____, 20_____, that at the time of death the domicile (legal residency) of said decedent was at _____

County of _____, State of _____, that the decedent resided at such address for _____ years prior to death and was not a resident of any (other) State within the United States of America at time of death.

That any and all debts, taxes, legacies and claims against the estate have been paid or provided for; that this affidavit is made for the purpose of securing the transfer or delivery of property owned by the decedent at the time of his/her death to a purchaser or the person or persons legally entitled thereto under the laws of decedent's domicile; and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

SIGNATURE (*Executor, Administrator or Survivor*)

Sworn to before me, a notary public this

_____ day of _____, 20_____

NOTARY PUBLIC SIGNATURE

My Commission Expires _____

