

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 or _____, 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 _____ or any State (other than that of _____
(State of Incorporation of the Stock.) his/her Domicile) within the United States of America, 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____

(Signature of Deponent)

My commission expires: _____

Affix Seal