



**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 (legal residence) of said decedent was \_\_\_\_\_, County of \_\_\_\_\_, State of \_\_\_\_\_, for \_\_\_\_\_ years prior to the death, and was not a resident of any other 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 or delivery of securities registered in the name of or owned by said decedent at the time of his/her death.

\_\_\_\_\_  
(Executor/Administrator/Survivor/Heir)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public – Affix Seal)

My commission Expires \_\_\_\_\_.