## (AFDC) AFFIDAVIT OF DOMICILE

| STATE OF                                  | )  |
|---|--|
| COUNTY OF                                 | )<br>) SS:<br>)  |
|   | , being duly sworn deposes and says                            |
| that he/she resides at                    |  |
| State of                                  | and is executor/administrator of the estate of                 |
| d   | leceased, who died on the day                                  |
|   | of his/her death the domicile of said decedent was, County of, |
| State of, that this aff                   | fidavit is made for the purpose of securing the                |
| transfer or delivery of securities regist | tered in the name of or owned by said descendent at            |
| the time of his/her death. Affiant furth  | her says that the certificates for said shares were            |
| physically located in the city of         | , County of  |
| State of, at                              | t the date of death of the said descendent.                    |
|   | (Executor/Administrator/Survivor/Heir)                         |
| Sworn to before me this                   |  |
| day of, 20                                |  |
| (Notary Public – Affix Seal)              |  |
| My commission Expires                     |  |
| (Rev. 10/02)                              |  |