

To be used for all Clearing Firms



AFFIDAVIT OF DOMICILE
(TO BE FILED BY INDIVIDUAL EXECUTOR, ADMINISTRATOR AND/OR SURVIVOR)

STATE OF (1) _____;

COUNTY OF (2) _____;

(3) _____, being duly sworn, deposes, and says that (he-
she) resides at (4) _____, City of _____,
State of _____, County of _____, and is the (executor-
administrator-survivor) of the estate of (5) _____ deceased, who died on
the (6) _____ day of _____; that at the time of (his-her) death the
domicile (legal residence) of said decedent was at (7) _____;
City of _____, State of _____, County of _____
_____, that this affidavit is made for the purpose to transfer or deliver securities registered in the name
of, or owned by said decedent at this time of (his-her) death.

(8) _____

Signature ~ Executor-Administrator-Survivor

SWORN TO BEFORE ME THIS

(9) _____ day of _____, _____

Print Name: _____

Signature _____

Affix seal (NOTARY PUBLIC)

MY COMMISSION EXPIRES _____

Internal Use Only:
FC #: _____
Account #: _____
Ticket #: _____

To be used for all Clearing Firms

AFFIDAVIT OF DOMICILE

(TO BE FILED BY INDIVIDUAL EXECUTOR, ADMINISTRATOR AND/OR SURVIVOR)

INSTRUCTIONS FOR COMPLETING AFFIDAVIT OF DOMICILE

- 1) Provide the state of residence for the Executor / Administrator / Survivor.
- 2) Provide the county for the Executor / Administrator / Survivor.
- 3) Provide the name of the Executor / Administrator / Survivor.
- 4) Provide the legal address for the Executor / Administrator / Survivor.
- 5) Provide the name of the decedent.
- 6) Provide the date of death.
- 7) Provide the address of residence for the decedent at time of death.
- 8) Provide the signature of the Executor / Administrator / Survivor.
- 9) Provide the printed name and signature of Notary Public; Day of the Month, Year