AFFIDAVIT OF DOMICILE

STATE OF)) SS:
COUNTY OF) 55:)
	, being duly sworn deposes and says
that he/she resides at	,
State of	and is executor/administrator of the estate of
d	eceased, who died on the day
of; at the time	of his/her death the domicile of said decedent was
	, County of,
State of, that this af	fidavit is made for the purpose of securing the
transfer or delivery of securities registe	ered in the name of or owned by said decedent at the
time of his/her death. Affiant further	says that the certificates for said shares were
physically located in the city of	, County of
, State of	, at the date of death of the said
decedent.	
	(Executor/Administrator/Survivor/Heir)
Sworn to before me this	
day of, 20	
(Notary Public – Affix Seal)	
My commission Expires	

(Rev. 10/02)