



30-50 Whitestone Expressway
 Ste. A301, Flushing, NY 11354
 Client Services: (800) 869-8800
 From Overseas: (718) 961-6600

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 _____.

(Rev. 07/14)