

# AFFIDAVIT OF DOMICILE FORM

## ACCOUNT INFORMATION

ACCOUNT TITLE: \_\_\_\_\_ ACCOUNT NUMBER: 

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## DECEDENT'S INFORMATION

I, \_\_\_\_\_ being duly sworn, state that: I reside at  
(Name of Executor/Administrator/ Survivor)

\_\_\_\_\_, City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_,  
(Street Address)

and I am Executor/Administrator/Survivor of \_\_\_\_\_, deceased,  
(Name of Deceased)

who died on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. At the time of death the legal residence of said decedent was

\_\_\_\_\_, City of \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_,  
(Street Address)

He/She resided in the State of \_\_\_\_\_ for \_\_\_\_\_ years prior to death, and was not a resident of any other state within

the United State of America, at the time of death. This affidavit is for the purpose of securing the transfer or delivery of

the securities registered in the name of or owned by the decedent at the time of his or her death.

## SIGNATURE

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS: \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC: \_\_\_\_\_

INTRODUCING BROKER-DEALER NAME: \_\_\_\_\_