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

_____,
(address)

County of _____, State of _____ for _____ years prior to 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)

Subscribed and sworn to before me this

_____ day of _____, 20_____

_____
(NOTARY PUBLIC)

My commission Expires _____