

AFFIDAVIT OF DOMICILE

Name of Stock to Transfer: _____

Deceased Holder's Taxpayer Identification or Social Security Number: _____

The undersigned, _____, being duly sworn, deposes and says
that (s)he resides at _____

and that (s)he resided in County of _____, State of _____,

and is _____
(Describe your status, i.e. Executor, Administrator, Survivor in Joint Tenancy, etc.)

of (the estate of) _____

who died on _____ day of _____, 20____,

that at the time of his/her death the domicile (legal residence) of said decedent was at

and that (s)he resided in County of _____, State of _____,

that this affidavit is made for the purpose of securing the transfer or delivery of property owned by the decedent at the time of his/her death to a purchaser or the person or persons legally entitled thereto under the laws of decedent's domicile and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the state.

SIGNATURE OF AFFIANT: _____

-----NOTARY PUBLIC COMPLETES BELOW-----

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STATE OF _____ COUNTY OF _____

NOTARY SEAL

In _____, on the _____ day of _____, 20____,
before me, a Notary Public in and for the above state and county, personally
appeared _____ (NAME OF AFFIANT), known to
me or proved to be the person named in and who executed the foregoing
instrument, and being first duly sworn, such person acknowledged that he or
she executed said instrument for the purposes therein contained as his or her
free and voluntary act and deed.

Type of Identification Produced: _____

AFFIANT is / is not personally known to me.

My Commission Expires: _____