



ACCOUNT NUMBER: _____

AFFIDAVIT OF DOMICILE

_____, being duly sworn, deposes and says:

I reside at _____, City of _____

County of _____, State of _____

And am Executor/Administrator/Survivor of _____,

Deceased, who died on the _____ day of _____, 2____.

At the time of death the legal residence of said decedent was _____

_____, City of _____,

County of _____ for _____ years prior to death, and was

Not resident of any other State (other than that of his/her domicile) within the

United States of America, at the time of death.

Signature Executor/Administrator/Survivor

Sworn to before me this _____ day of _____, 2____.

(Notary Public)