

AFFIDAVIT OF DOMICILE

STATE OF
SOCIAL SECURITY
COUNTY OF

_____, being duly
sworn,

deposes and says: I reside at _____, City of
_____,

County of _____ State of _____, and am Executor
survivor 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 _____.

He/She resided in the State of _____ for _____ years prior to death, and was not a
resident of _____, or any State (other than that of his/her Domicile) within the
State of Incorporation

United State of America, at the time of death. This affidavit is made for the purpose of securing the
transfer of the following described securities owned by said decedent at the time of death.

_____ Shares

That the said securities were physically located in the City of
_____,

State of _____ at the date of the death of the decedent.

Signature of Deponent

Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public