

Affidavit of Domicile

STATE OF)
) SS:
COUNTY OF)

_____, being duly sworn, deposes and says: I reside at _____, Street, City of _____, County of _____, State of _____, and am Executor / Administrator / survivor of _____, deceased, who died on the _____ day of _____, 20____. At the time of death the legal residence of said decedent was _____ Street, City of _____, County of _____, State of _____. He/She resided in the State of _____ for _____ years prior to death, and was not a resident of _____ (state of Incorporation of the Stock) or any 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 of the following described securities owned by said decedent at the time of death.

_____ Shares _____
_____ Shares _____
_____ Shares _____

That the said securities were physically located in the City of _____, State of _____ at the date of the death of decedent.

Sworn to or affirmed
Before me this _____
Day of _____ 20____
My Commission expires _____
(Affix Seal)

X _____
(Signature of Deponent)