



209 West Jackson Boulevard
Suite 903
Chicago, Illinois 60606
answerologist.com

800-757-5755
312-427-2953
312-427-2879 fax

**AFFIDAVIT
OF
DOMICILE**

STATE OF _____ }
COUNTY OF _____ } SS:

I _____, being duly sworn depose and say:
(Name of Executor/Administrator/Survivor)

I reside at _____, city of _____,
(Street Address) (City)
county of _____, state of _____ and am
(County) (State)

executor/administrator/survivor of the estate of _____, deceased,
(Decedant)

who died on the _____ day of _____, 20____. At the time of death the domicile
(legal residence) of said decedent was _____,
(Street Address)

city of _____, county of _____,
(City) (County)

state of _____ He/She resided in the state of _____
(State) (State of Residence)

for _____ years prior to death, and was not a resident of _____ or any state (other
(State of Incorporation of the stock)
than that of his/her domicile) within the United States of America, at the time 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 of _____
(Number of Shares) (Name of Company/Class of Stock)

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

(Signature of Affiant)

(Printed Name of Affiant)

Sworn to or affirmed before me this _____ day of _____, 20____.

My commission expires _____, 20____

(Signature of Notary Public)

Affix Seal

(Printed Name of Notary Public)