



30-50 Whitestone Expressway  
 Ste. A301, Flushing, NY 11354  
 Client Services: (800) 869-8800  
 From Overseas: (718) 961-6600

**AFFIDAVIT OF DOMICILE**

STATE OF \_\_\_\_\_ )  
 ) SS: \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn deposes and says  
 that he/she resides at \_\_\_\_\_,  
 State of \_\_\_\_\_ and is executor/administrator of the estate of  
 \_\_\_\_\_ deceased, who died on the \_\_\_\_\_ day  
 of \_\_\_\_\_, 20\_\_\_\_; at the time of his/her death the domicile (legal residence) of said  
 decedent was \_\_\_\_\_, County  
 of \_\_\_\_\_, State of \_\_\_\_\_, for \_\_\_\_\_ years prior to the death, and was  
 not a resident of any other 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 or delivery of securities  
 registered in the name of or owned by said decedent at the time of his/her death.

\_\_\_\_\_  
 (Executor/Administrator/Survivor/Heir)

Sworn to before me this \_\_\_\_\_  
 day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (Notary Public – Affix Seal)

My commission Expires \_\_\_\_\_.