

Texas Office
901 Summit Avenue
Fort Worth, TX 76102



Atlanta Office
1100 Abernathy Road, Suite 480
Atlanta, GA 30328

AFFIDAVIT OF DOMICILE

State of: _____

County of: _____

_____, being duly sworn, deposes and says:
Name of Deponent

I reside at _____, City of _____,
Street Address City Name

County of _____, State of _____,
County Name State Name

and am Executor / Administrator / Survivor of _____,
Name of deceased

deceased, who died on the _____ day of _____, _____ Year. At the time

of death the legal residence of said decedent was _____,
Street Address

City of _____, County of _____,
City Name County Name

State of _____.
State Name

He/She resided in the State of _____ for _____
State Name # of Years
years prior to death, and was not a resident of 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 or delivery of securities owned by said decedent at the time of death.

Signature of Deponent

Notarized Signature Required:

Sworn to or affirmed before me this _____ day of _____, _____ (Seal)

_____ My commission expires: _____