

**AFFIDAVIT OF PERSONAL REPRESENTATIVE
OR SURVIVOR**

State of)
) ss
County of)

_____, being duly sworn, deposes and says that he/she resides at
_____, in the State of _____, and is:

- Administrat
- Execut
- Surviving Tenant

of the Estate of _____, Deceased; who died at
_____ on the _____ day of _____, _____; at the time of his/her death
the domicile (legal residence) of said decedent was at _____, in
the County of _____, in the State of _____; that this Affidavit is made for the
purpose of inducing _____ to register transfer of securities registered
in the name of or owned by the decedent at the time of death.

Execut
Administrat
Survivor

Subscribed and sworn to before me this _____ day of _____, _____.

My commission expires:

Notary Seal

Notary Public

Please attach Death Certificate

