

Account # _____

Advisor # _____

State of _____)

County of _____)

:SS

Account Number _____

_____, being duly sworn, deposes and says that he/she/they
Executor, Administrator or Survivor

resides at _____, State of _____ and is

Executor of the Estate of

Administrator of the Estate of _____, Deceased

Survivor of the joint tenancy with

who died at _____ on the _____ day of _____, 19/20 _____;

that at the time of his/her death the domicile (legal residence) of said decedent was at _____, County of _____,

State of _____; that decedent resided at such address for _____ years, such residence having commenced on _____

_____, 19/20; that decedent last voted in the year _____ at _____, County of _____, State of _____

_____; that decedent's principal place of business at that time of his/her death was at _____, County of _____,

_____, State of _____;

that decedent's most recent federal income tax return showed his/her legal residence as _____, County of _____,

State of _____; that within three years prior to death decedent was not a resident of another state (*if decedent

resided in another state within three years prior to death, set forth the name of the state and facts as to change of residence and establishment of final domicile:);

that any and all debts, taxes, legacies and claims against the estate have been paid or provided for; that this affidavit is made for the purpose of securing the

transfer or delivery of property owned by the decedent at the time of his/her death to a purchaser or the person or persons legally entitled thereto under the laws of

decedent's domicile and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

Sworn to (or affirmed) before me this

_____ day of _____, 20 _____.

Executor
Administrator
Survivor of the joint tenancy

Signature of official administering oath

My commission expires _____

NOTARY SEAL

