

State of _____

County of _____

(Name): _____, being duly sworn, deposes and says that he/she/they reside(s) at

(address) _____, State of _____ and is: (Please check and fill in one)

Executor/rix of the Estate of _____

Administrator/rix of the Estate of _____

Survivor of the Joint Tenancy with _____

Beneficiary of the account of _____,

deceased who died at (location) _____ on (date) ____/____/20____; at the time of his/her

death the domicile (legal residence) of said decedent was at Same Address as above or _____

County: _____ State: _____; that decedent resided at such address for _____ years; that decedent's

principal place of business at the time of his/her death was at Retired or (business address) _____

County: _____ State: _____; that decedent's most recent Federal income tax return showed his/her legal

residence as Same Address as above or _____ County: _____

State: _____; that within three years prior to death decedant 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):

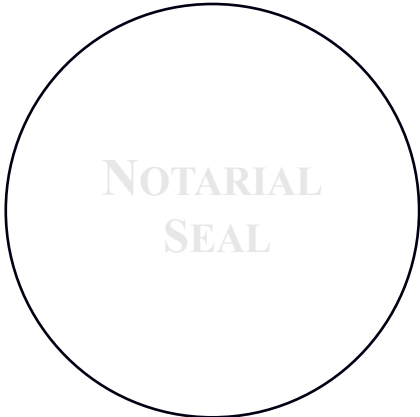
that any and all debts, taxes, legacies and claims against the estate have been paid or provided for; that this affidavit is made for purpose of securing the transfer or delivery of property owned by the decedent at the time of his/her death to a purchaser or the person or persons legally entitled thereto 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 on

Date: ____/____/20____

Give official capacity of official administering oath

My Commission expires: ____/____/20____



Executor/rix or Administrator/rix or Survivor or Beneficiary Signature

Signature X	Date
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