

AFFIDAVIT

COUNTY OF)

STATE OF)

_____ DULY SWORN DEPOSES AND SAYS THAT HE/SHE IS:

EXECUTOR/EXECUTRIX ADMINISTRATOR SURVIVING JOINT TENNANT

OF THE ESTATE OF _____, AND THAT HE/SHE RESIDES AT _____, THAT HE/SHE IS WELL ACQUAINTED WITH SAID DECEASED DURING DECEASED'S LIFE TIME, THAT AT THE TIME OF DEATH, WHICH OCCURRED ON _____, THE RESIDENCE AND DOMICILE OF THE DECEASED WAS IN THE STATE OF _____ THAT ANY PERIOD OF TWELVE CONSECUTIVE MONTHS IN THE TWENTY-FOUR MONTHS IMMEDIATELY PRECEDING HIS/HER DEATH AND FURTHER, THAT DECEASED DID NOT, WITHIN ONE YEAR PRIOR TO HIS/HER DEATH, EXECUTE ANY FORMAL INSTRUMENT OR LAST WILL IN WHICH HE/SHE DECLARED HE/SHE DECLARED WAS A RESIDENT OF ANY OTHER STTE, AND THAT HE/SHE IS FAMILIAR WITH THE ADMINISTRATION OF SAID ESTATE.

THAT ALL PRIOR LEGACIES, DEBTS, FUNERAL EXPENSES, INHERITANCE TRANSFER AND OTHER TAXES AND ADMINISTRATION EXPENSES OF THE SAID DECEDENT'S ESTATE HAVE BEEN PAID OR OTHERWISE AMPLY PROVIDED FOR SO THAT THE SHARES OF STOCK REGISTERED IN THE NAME OF _____ ARE ENTIRELY FREE FOR TRANSFER AND DISTRIBUTION.

THIS AFFIDAVIT IS MADE FOR THE PURPOSE OF HAVING SHARES OF _____ TRANSFERRED AS REQUESTED, AND IF THE TRANSFER CONSTITUTES AN APPARENTLY UNEVEN DISTRIBUTION, THE MATTER HAS BEEN EQUALIZED BY THE DISTRIBUTION OF OTHER SECURITIES OR IN SOME OTHER MANNER.

SIGNATURE OF
EXECUTOR (EXECUTRIX)
ADMINISTRATOR (ADMINISTRATRIX)
SURVIVING JOINT TENANT

SWORN TO AND SUBSCRIBED BEFORE ME
THIS _____ DAY OF _____ 20____
MY COMMISSION EXPIRES _____
AFFIX SEAL NOTARY PUBLIC