Vision

Affidavit of Domicile

State of _____)
) **SS.:**
County of _____)

_____, being duly sworn deposes and says that he/she resides at _____, State of_____and is executor/administrator/survivor/heir of the estate of _____deceased, who died on the _____day of_____, 20_____; at the time of his/her death the domicile of said decedent was _____, County of _____, State of_____; that this affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of or owned by said decedent at the time of his/her death.

Please Sign and Date Below

X _____
Signature of Executor/Administrator/Survivor/Heir

_____
Date

Notary Public:

Sworn to before me this_____day of_____, 20_____

X _____
Signature of Notary Public

_____
Date Commission Expires

_____
(Notary Public - Affix Seal)